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**NATIONAL BLACK NURSES' ASSOCIATION, INC.
POSITION STATEMENT ON THE AMERICAN NURSES' ASSOCIATION
1985 ENTRY INTO PRACTICE RESOLUTION**

Following a detailed review and assessment of the 1985 Entry Into Practice Resolution passed by the American Nurses' Association; the National Black Nurses' Association is compelled to stand in strong opposition to this resolution and believes it should be rescinded.

The 1985 Resolution in part states that "... the educational requirement for a license as a professional nurse will be a baccalaureate degree in nursing and for a technical nurse an associate degree ..."

The essence of this resolution is based on an elitist position and assumption which totally disregards the current realities facing overwhelming numbers of Black nurses.

This Resolution does not seriously consider and/or address the following crucial realities:

1. . . . the serious lack of access to baccalaureate programs to insure opportunities for study at this level.
2. . . . the lack of a clearly defined pattern of articulation between practical nurse and associate degree programs and associate and baccalaureate degree programs to insure the opportunity for career mobility and advancement.
3. . . . the paucity of financial support from governmental and private funding sources for Black nursing students and for educational institutions to insure the possibility of baccalaureate education.
4. . . . the absence of a detailed educational plan which supports and encourages registered nurses to secure baccalaureate degrees in order to maintain and increase the number of Black nurses in leadership positions.

Historically racism in this society, specifically in the educational system and the health care delivery system, has resulted in significant increases in and therefore a disproportionate number of practical and associate degree nurses. The majority of Black nurses do not hold baccalaureate degrees in nursing. Black nurses through ability and commitment have demonstrated excellence in practice. Black nurses provide nursing care to most of the minority population especially in the urban areas of the United States. Moreover, Black nurses have, through necessity, utilized alternative pathways for educational achievement and quality nursing practice.

NBNA will utilize all available opportunities to promote its belief that any attempts or plans to standardize and clarify levels of nursing education and practice must guarantee drastically improved:

1. . . . accessibility to educational programs.
2. . . . opportunities and support for career mobility and advancement.
3. . . . financial support for students and educational institutions.

Further, any implementation plan must provide unquestionable and objective assurance that "grandfathering" will not adversely affect the future educational career opportunities for Black nurses. The end result must be that Black nurses be maintained in leadership positions and, moreover, that their numbers be substantially increased.

The NBNA strongly urges all minority nurses to coalesce and apply multiple pressure on the American Nurses' Association, other nursing organizations and on state legislators, to oppose this Resolution and any proposed legislation which supports it.

Lastly, it must be clearly understood that the NBNA supports excellence in health care delivery and education for health care professionals. However, the reality of the present is that the 1985 Entry Into Practice Resolution poses potentially insurmountable obstacles to the survival and viability of Black nurses. Therefore, NBNA must be involved in the development of alternative approaches to the standardization and clarification of the levels of nursing education and practice which will assure quality nursing practice and health care delivery.



NBNA NEWSLETTER

Volume IX • Issue 1 • January, 1982

SPECIAL FEATURES
Board of Director Meeting
in Atlanta
Tenth National Institute
and Conference

The NEWSLETTER is the Official Publication of the NATIONAL BLACK NURSES' ASSOCIATION / P. O. Box 18358 / Boston, MA 02118

"A GUIDING STAR HAS PASSED" ESTELLE MASSEY OSBORNE

May 3, 1901 -- December 12, 1981



As we sing our Hallelujahs of the season, we can also celebrate the life and God given gifts of Estelle Massey Osborne, whose life has left a Star on our horizon. Born May 3, 1901 in Palestine, Texas, she was the eighth of eleven children born to Hall and Bettie Estelle Massey. All the Massey children were active members of Mount Vernon AME church.

In her youth she experienced segregated schools, lynchings, rural isolation from the wider experiences of life. After completing her teacher training at Prairie View College in Texas, she taught for several years at a two room school house with her older sister, Mamie. Finding life in the rurals unbearably impoverished, Estelle made a significant change in the direction of her life. With the encouragement and support of her family she left Texas in 1920 to enter the field of nursing.

Upon her graduation from the nursing school at City Hospital No. 2 in St. Louis, Mo. She took State Board Exams and passed with the highest score in 1923, Estelle found that being best was not enough if one were Black.

Her years of frustration at being able to advance in her field ended when she became an instructor at the Central Nursing School in Kansas City, Missouri.

In 1927, she began her Baccalaureate studies at Columbia University, N.Y. To complete her degree work, she was the first nurse to be given a Julius Rosenwald Fund Scholarship. She earned her B.S. in 1930, and her Masters Degree in Nursing Ed. in 1931. Later she became a Rosenwald Fellow to do research on the education of Blacks in the rural South.

Estelle's high academic achievement of earning her Master's Degree in Nursing Education, put her in a very special place, not only nationally, but internationally, as well. Doors began to open, at last and in 1931, at age 30, Estelle became the first Education Director of Nursing at Freedmans Hospital in Washington, D.C. There she met Mabel K. Staupers, a graduate of Freedmans. Together the two women became the prime movers in the struggle to up-grade the educational and employment opportunities of Black Nurses throughout the country. Estelle and Mabel were the first Black Nurses appointed to the committees of the National Organization for Public Health Nursing in 1932. In 1934, Estelle became the 11th President of the National Association of Colored Graduate Nurses (organized in 1908). She served the NACGN as president for five years.

During this period, while the NACGN was growing under her leadership, she became a protegee of Mrs. Mary McLeod Bethune, leading eventually to a term as vice President of the National Council of Negro Women in 1948. Through and with Mrs. Bethune she expanded her interest in the education and employment of Blacks in Nursing to the status of the Black Family in our country. These years were full of writing, traveling and lecturing all over the country. Her activities in these areas led to appointments such as her membership on the National Council For War Service, where her talents were used to recruit Black nurses for the Armed Services.

In 1948 the flame of Estelle's life widened when she became the first Black to be elected to the Board of Directors of the A.N.A. In 1949 she became one of the four U.S. Representatives to the International Council of Nurses in Stockholm, Sweden. In 1948 she became Assistant Professor of Nursing Education at N.Y.U. — another first.

This nursing star was to continue to carry her flame of love, understanding, foresight and gifts to the following positions: 1954 Assistant Director of the National League for Nursing; 1959 Director of Services, N.L.N. When she retired in 1967, her position was Associate General Director of the National League for Nursing.

Her citations range from the Mary Mahoney Award, named in honor of the first Black Registered Nurse in the U.S., in 1948 she was inducted into the Nursing Hall of Fame in Washington, D.C. three decades later. The intervening 30 years brought honors, awards and citations too numerous to mention today.

An Estelle Massey Scholarship was set up at Fisk University to honor this dynamic nursing leader in 1964. She had vital memberships in the Health and Welfare Commission of the U.S. Office of Education, the Board of Directors of the N.A.A.C.P. Legal Defense Fund, Alpha Kappa Alpha Sorority, serving as chairwoman of their National Health Project.

Estelle traveled the world as a torch bearer and symbol of the Nursing Profession, sharing courage and dedication with the same time being an "Apex of Sensitivity" to the plight of peoples' lives, with the academic preparation to chart and lead a positive course for nurses to follow.

We can look at Estelle's history and follow the flame that was lit May 3, 1901, in the small town of Palestine, Texas, and see

"A Guiding Star" (continued from page 1)

extinguished December 12, 1981, in Oakland, California.

Estelle is survived by a sister, Mrs. Mamie McGruder, of Los Angeles, three nieces, Mrs. Ruby Wilson, of Oakland, Ca., Mrs. Clara Anderson of Lansing, Michigan, Miss Doris McGruder of Berkeley, Ca. Six nephews, Dr. John Madison of Houston, Dr. Mack Madison of Los Angeles, Ca., Dr. Edwill O. Massey of St. Louis, Mr. Isaac McGruder of Roosevelt, N.Y., Mr. Jack McGruder and Mr. Neal McGruder both of Los Angeles, and a

sister-in-law, Mrs. Amie Massey of Berkeley, Ca.

Humbly submitted to the Family of Mrs. Estelle Massey Riddle Osborne, A guiding Star in Nursing — and a Constant Bearer of the Torch of Light.

Alice C. Royal, R.N., B.S., Ph.N., MPH.

My Post Script: *The Living Weep but History Smiles at our Nursing Star.*

TRIBUTE TO A BELOVED LEADER

The heritage of the past is truly the seed that brings forth the harvest of the future. The earthy life of Estelle Massey Osborne left to nursing as a profession and to humanity everywhere a great heritage which truly deserves not only to be remembered but to be nationally recognized and honored. For black nurses, Estelle Osborne, however, left even more. She was a model of success and service to all mankind while maintaining her distinct identity as a black nurse. She was always at the forefront of advocacy and on the cutting edge of efforts towards progress and to advance the rights and privileges of black nurses and black people generally.

It was my privilege to participate in a project, "Conversations in History," a video tape response by several black nurses to a prior tape made by a group of black nursing pioneers, one of which was Estelle Osborne. What an honor also to have responded to her invitation to have me as Founder and then President of National Black Nurses' Association and the Vice President Gloria Smith spend a night in her home in New York City after a project taping session which took place in Stony Brook, New York, and what a joy later, the next year, to have her deliver a Capping Ceremony Address at Tuskegee Institute and to learn of her leadership in the late 1930's and 1940's, which culminated in another great leader, Doctor Lillian Harvey becoming the first Dean of the School of Nursing at Tuskegee, leading to all the accomplishments of that followed.

The Tuskegee visit was the last time I had the privilege of talking

with Estelle Osborne. At that time, she reaffirmed her belief in and the support of the National Black Nurses' Association and the efforts of black nurses across the country, which have been stimulated by its founding.

Her kind words and encouragement, her sunlight smile, the twinkle in her eyes, her understanding attention, her supportiveness, and her unselfish sharing will always be remembered.

Estelle Osborne did not labor with things seen dimly at a distance but tackled those things which were clearly at hand. As she grew in age, she never lost life's zest, and the road of her life's last turn was her best. Truly Estelle Osborne was a part of a creative destiny reaching backward and forward to infinity; a destiny that reveals itself continually as a result of her life and love. To paraphrase the words of Phillips Brooks, Surely she was such a person and she lived such a life, that if every person such as she lived a life like hers, this earth would be God's paradise.

Her life was truly "A thing of beauty . . . a joy forever . . . the evening of a well spent life bringing its lamp with it."

So, PEACE, PEACE to our dear Estelle Osborne for she does not sleep but has awakened from the dream of life.

Lauranne Sams, Ph.D, RN
Founder/President Emeritus
National Black Nurses' Association, Inc.

NATIONAL NEWS**BOARD OF DIRECTORS MEET IN ATLANTA**

The NBNA Board of Directors convened at the Hyatt Regency Hotel on November 12-15, 1981 in Atlanta, Georgia. The purpose of the meeting was to plan strategies for the National Black Nurses' Association's Tenth Annual Institute and Conference to be held here on July 29 to August 1, 1982. The Atlanta Black Nurses will be the host Chapter for the Conference.

President E. Lorraine Baugh presided over the meetings. The Board members met for purposes of discussions relative to the development of a Five-Year Plan, programming of the 1983 Conference and Standing Committee business. The Committees met to evaluate their effectiveness in implementing NBNA goals and objectives. Planned strategies were devised to facilitate committee functions and to provide relevancy for the NBNA membership.

Members of the Board of Directors met with the Atlanta Black Nurses' Association to discuss their role and responsibilities in hosting the NBNA Conference in 1982. The Atlanta Black Nurses' Association will assist the Conference and Program Committees in implementing strategies for NBNA's Tenth Annual Institute and Conference.

A brief summary of the Standing Committee Reports are as follows:

Page 2

BY-LAWS COMMITTEE

The By-Laws Committee met to update their functions. The committee reviewed the NBNA By-laws relative to chapter status and identified three tasks that need to be addressed.

The three tasks are as follows:

1. New groups-guidelines are needed to assist local groups through the process to Chapter status.
2. By-laws of Present Chapters — the NBNA states that the By-laws of local chapters should be reviewed every five years. Guidelines and a procedure are needed to carry out the review of the by-laws of the organization.
3. Proposed Amendments — these need to be reviewed.

Criteria will be developed for the processes of new groups and review of by-laws of local chapters. The proposed amendments will be reviewed for discussion at the next meeting. The NBNA By-laws, approved by the membership at the 1981 Conference, will be published and sent to the members.

Linda Striggles, Chairperson
Alma W. Baker, Co-Chairperson

(continued next page)

DON'T FORGET ATLANTA '82 !!!

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Newsletter

EMPLOYMENT OPPORTUNITIES**SOUTH DAKOTA STATE UNIVERSITY**

CONSIDERING GRADUATE STUDY? South Dakota State University has a new, three semester Master of Science program in adult nursing. Within this program, nurses select study in one of three functional roles: educator, clinician, or patient-care manager. An optional fourth semester practicum is offered for those desiring advanced clinical education or nurse practitioner certification. Emphasis is on nursing care in rural or urban setting. Full or part-time study available. For further information contact: College of Nursing; Attn. Graduate Program, SDSU, Box 2275A, Brookings, SD 57007 or telephone (605) 688-4114. SDSU is an Affirmative Action/Equal Opportunity institution.

THE UNIVERSITY OF MICHIGAN

Master's Program in Community Health Nursing and/or Primary Care Nursing

General Sequence in Community Health Nursing provides advanced public health and nursing knowledge necessary for the delivery of health care to families, specific populations, and communities.

Primary Care Sequence in Community Health Nursing prepares the graduate for roles in primary nursing care for adults, with emphasis on developing collaborative relationships with health team members

Address inquiries to: Graduate Program in Community Health Nursing, University of Michigan School of Nursing, Ann Arbor Michigan 48109. Telephone (313) 763-5597.

VANDERBILT UNIVERSITY

ASSOCIATE DEAN FOR GRADUATE STUDIES. Vanderbilt University, a private institution with ultra modern medical center, Nashville, TN, is seeking applications and nominations for Associate Dean for Graduate Studies. NLN accredited BSN and MSN programs with doctoral program in planning stages. Qualifications: MSN and earned doctorate; teaching experience in a graduate program in nursing; evidence of research capabilities; academic administrative experience. Salary negotiable. An Equal Opportunity/Affirmative Action Employer.

Closing date for applications and nominations, February, 1982. Position available July 1, 1982. If interested contact: Sue Morgan, Chair, Vanderbilt University, School of Nursing, 21st Ave., S. Nashville, TN 37240.

PARLIAMENTARIAN'S CORNER**LAY ON THE TABLE***

The motion to Lay on the Table enables the assembly to lay a pending question aside temporarily when something else of immediate urgency has arisen. This motion is commonly misused and often confused with the motions to Postpone Indefinitely and to Postpone to a Certain Time, or other motions. The motion to Lay on the Table is out of order if the evident intention is to kill or avoid dealing with a measure. Lay on the Table is a Subsidiary Motion. Subsidiary motions assist the assembly in treating or disposing of a main motion (and sometimes other motions). Forms used in making this motion are: "I move to lay the question on the table"; or "I move that the resolution be laid on the table." (It is preferable to avoid moving "to table" a motion, or "that a motion be tabled.")

*Robert's Rules of Order Newly Revised, Scott, Foresman and Company, 1981, pp. 177-184.

CALL FOR ABSTRACTS — NATIONAL BLACK NURSES' ASSOCIATION TENTH ANNUAL INSTITUTE AND CONFERENCE

Research Abstracts for presentation during the Scientific Sessions are now being accepted through April 15, 1982.

The Scientific Sessions will give black health professionals an opportunity to share their scholarly investigations on health and nursing issues as they specifically relate to the delivery of health care to black consumers. The work of black nurses will be of particular interest.

Papers in the following areas will be considered:

- Clinical papers that specifically address the problems and issues of black health providers or consumers.
- Clinical papers that specifically address the helping relationships between patient and health providers in the areas of parent-child health, psychiatric-mental health, medicine, surgery, geriatrics, and community health.
- Innovative administration and education designs which meet the specific health care needs of minorities will be considered.
- Persons interested in submitting an abstract may write to:

Minervia Williams, Chairperson, 1982
NATIONAL BLACK NURSES' ASSOCIATION
P.O. Box 18358 Boston, MA 02118
Telephone: (617) 266-9703

**10th National Institute and Conference
"Facts and Figures"**

1. **THEME:** Health Care Providers: The Life Line to the Community
2. **DATES:** July 29th — August 1, 1982
3. **HOTEL:** Hyatt Regency Hotel in Peachtree Center
P.O. Box 1732 Atlanta, Georgia 30301 (404) 577-1234
Deadline for Room Reservations July 7, 1982
Rates: Single: \$50, \$55, \$65
Double: \$65, \$70, \$75
Suites: \$165, \$215, \$245, \$350, \$400
Advance — March 1, 1982 — July 1, 1982
On-Site — July 29, 1982 — July 31, 1982
4. **REGISTRATION DATES:**
5. **REGISTRATION FEES:**

Members	\$60	\$75
Generic Student Members	20	30
Non-Members	90	110
Generic Student Non-Members	30	40
6. **MEETING PLACES:** Hyatt Regency Hotel
7. **INSTITUTE ACTIVITIES:**
 - Six Scientific Sessions
 - Six Concurrent Workshops
 - Three Keynote Sessions
 - Town Hall Assembly
 - Continuing Education Units applied for
8. **Membership CHAPTER ACTIVITIES:**
 - President's Workshop
 - Student Forum
 - Business Meetings
 - Elections
 - Installation of Officers
9. **Entertainment & Celebration:**
 - Harambe
 - Luncheon
 - President's Reception
 - Social
 - Awards Breakfast
10. All registration, exhibit and souvenir program correspondence to be directed to:
Conference Chairperson
National Black Nurses' Association
P.O. Box 18358
Boston, Mass. 02118
11. All checks made payable to the National Black Nurses' Association, Inc.
12. **Conference Chairperson:** Ophelia Long
Program Chairperson: Minervia Williams

Please send materials for publication to Dr. Alma W. Baker, 2072 Manor Drive, Lexington, KY 40502.

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N.B.N.A. NEWSLETTER, JANUARY 1982

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National Black Nurses' Association, Inc. announces its TENTH ANNUAL INSTITUTE AND CONFERENCE

Place: Hyatt Regency Hotel - Atlanta Georgia

Date: July 29 - August 1, 1982

MARK YOUR CALENDAR NOW ! ! ! !

Registration Brochure to be mailed.

See Page 11 of this Newsletter for more "Conference" information.

ATLANTA, GEORGIA - 1982
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NBNA NEWSLETTER DEADLINE

Deadline for ads and materials for publication will be the 15th of the 2nd month previous to the month of publication. The schedule is as follows:

15th February -	deadline for April, 1982
15th May -	deadline for July, 1982
15th August -	deadline for October, 1982
15th November -	deadline for January 1983

ADDRESS OF NATIONAL OFFICE

National Black Nurses' Association, Inc.
P.O. Box 18358
Boston, MA 02118
Telephone: (617) 266-9703



NBNA NEWSLETTER

National Black Nurses' Association, Inc. / Post Office Box 18358 / Boston, MA 02118

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DEAN'S Notes™

Vol. 5, No. 5
MAY, 1984

A Communications Service to Nursing School Deans, Administrators, and Faculty

Published by Anthony J. Jernett, Inc. in a service to the National Black Nurses' Association, Inc.

EDITOR: DIANE MARCINO, MA, RN, C

MINORITY FACULTY: CHALLENGES FOR SCHOOLS OF NURSING

Beverly H. Bonaparte, PhD, FAAN
Dean, Lienhard School of Nursing, Pace University
Westchester and New York City Campuses

The presence or absence of minority faculty in a school of nursing represents the availability or lack thereof of a valuable resource for the academic community. One is immediately tempted to dismiss any discussion about minority faculty by simply stating that the needs and problems of these individuals are no different from other faculty. However, a closer look at three aspects of our educational history can provide instructive data.



The first observation is that minority access to post-secondary education has been seriously restricted throughout American history. Our country's social and economic history has been marked with numerous examples of discrimination and exclusion of minority groups from educational and occupational opportunities. As a result, significant numbers of minorities, particularly Blacks, Hispanics and Native Americans, have not finished high school. An even smaller proportion of each minority group enters and completes higher education. Therefore, minorities are conspicuously underrepresented or absent from all levels of graduate education and the professional disciplines.

Review of the 1980 demographic data revealed that in New York State, for example, only 5 to 6 percent of all first professional degrees go to minority group members. Minorities only account for 2.4 percent of dental school, 6 percent of law school, and 6.7 percent of medical school enrollment. Blacks and Hispanics account for 7.5 percent of the registered nurses, 4 percent of the dentists and 1 percent of our nation's architects.

The second observation reveals that in addition to the enrollment and graduation data, studies in the educational and social science literature tell us that minorities are less likely to be aware of professional career opportunities. Many minority group members reported that they received inadequate counseling about which high school subjects would be appropriate to prepare for various fields of study. Some minority students have been deliberately directed into vocational training programs rather than into academic programs which are perceived to be more challenging. Therefore, minorities generally lack the basic prerequisite skills for higher education in subjects such as

math, language and science. Thus, it is not surprising that today, only about 7 percent of all graduate students are minorities. This group only receives 1 percent of the PhD's offered.

The third observation is that affirmative action was only implemented in higher education in 1972. Beginning in 1975, colleges and universities were required to compile and report survey data on staff under Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity (EEO) Act of 1972. While the EEO Commission has collected comprehensive data on minority faculty the most recent reports are only available for 1977. In that year, there were slightly less than 40,000 minority faculty employed in institutions of higher education, representing 8.7 percent of all full-time faculty. This number was only a 0.4 percent increase from the 8.3 percent reported two years earlier in 1975. These data indicate that the eligibility pool for minority faculty continues to be low. In addition, most of the doctoral degrees to Black candidates are awarded in the fields of sociology and education; the implication for nursing is serious.

In the nursing profession, one of our highest priorities has been to produce doctorally prepared nurses to fill faculty positions in higher education settings and to become nurse researchers who can either develop and test new knowledge or apply knowledge in the practice setting. The program sponsored by the American Nurses' Association for minority access to doctoral study and the M. Elizabeth Carnegie scholarship award to a doctoral student by the Nurses' Educational Funds are only two examples of specific efforts to help minorities gain doctoral credentials in nursing.

Throughout higher education, although affirmative action policies have been in effect for over a decade, there has been no real increase in the numbers of minority and women faculty. Reasons are many and complex, but most important, there has not been enough done to attract minority women and students to these institutions. Some universities have neither maintained lists of women and minorities eligible for promotion, nor have they contacted professional associations who have access to women and minorities. Their public relations and advertising media are not targeted at professionals in those groups.

The current attack on affirmative action, launched by Senator Orrin Hatch (R-Utah) in 1980, is geared toward outlawing affirmative action programs that give special consideration to racial minorities and women in employment in education. However, while the court did not sanction the protection of spaces for minority students in *Regents of the University of California v. Bakke*, the consideration of race as one criteria for admission to professional schools, specifically medicine and law, was acceptable.

Affirmative action has helped to open a few doors to the underrepresented groups in higher education but it cannot increase the number of faculty or the number

acts of employment discrimination or cause colleges and universities to appoint and promote faculty from pools of eligible candidates. What then is the implication for minority faculty in schools of nursing?

A strong commitment by the board of trustees, the president, senior administrative officers of the university, and the dean or head of the school of nursing are mandatory to meet the goals of affirmative action. There should be evidence on the campus and in the university public advertisement that affirmative action is a high priority.

Although there are successful minority group nursing scholars and educational administrators, once appointed, minority faculty may need additional support and help in order to negotiate the academic system and further develop their scholarly potential. Faculty mentor programs which pair junior faculty with knowledgeable, sensitive senior faculty can be an effective tool to accomplish this goal and can be an enriching experience for all who participate.

Research and scholarly productivity of new and junior minority faculty can be facilitated through research grants geared to young scholars. For faculty who are pursuing doctoral study, flexible teaching schedules or a reduced teaching assignment for one semester, in return for additional responsibilities upon completion of doctoral study, has proved successful in some settings. Additionally, this provides tangible evidence of the institutions's commitment to faculty development.

If the school of nursing does not require a comprehensive faculty evaluation which is geared toward professional growth and development as well as promotion and tenure, the dean and senior faculty should assist minority faculty to establish a personal plan. The first step in such a process is to help the faculty member understand what is valued by the employing institution. Institutional missions vary and some universities are well known for placing a strong emphasis on research while others place a high value on teaching excellence. Second, the faculty member should set reasonable goals for scholarly achievement during the academic or calendar year. Third, set priorities for each of the commonly accepted categories used by most schools. These include teaching, research, publications, professional and community activity and university service.

If criteria do not exist, there should be agreement about what is acceptable performance. For example, it should be clear to the faculty member that knowledge of the subject matter and the ability to impart that knowledge is a minimum requirement for teaching. However, the ability to motivate students to learn, the development of new and creative teaching strategies, the recognition by academicians and scholars in other disciplines that one is an expert in a subject, all signal growth and scholarly achievement beyond the minimum. Similarly, to show little evidence of movement beyond basic research studies is quite different from the ability to skillfully apply traditional and current methods to new research questions or to obtain publication of one's research findings in a refereed journal.

By now it should be evident that the suggestions which are offered can be applied to all faculty regardless of racial or ethnic identification. They are being brought to the attention of the reader because, when focused on minority faculty as a group, they help to raise our collective consciousness. Much of what many of us take for granted may pose particular

problems for individuals who have not been socialized into the academic system.

Minority faculty also bring a wealth of personal and cultural experiences to the school of nursing. Faculty colleagues and students alike can benefit from the presence of such individuals if there is respect for, and acknowledgement of the individual's values and belief system. Minority faculty are important role models for all students especially minority students.

Our awareness of some of the issues which minority faculty may confront in the academic setting should challenge us to recruit and appoint more of these individuals in our ranks.

VA NURSE SCHOLARSHIPS AVAILABLE

The Veterans Administration is now accepting applications for its Health Professional Scholarship Program which provides support for baccalaureate and master's nursing students on a pay-back-in-service basis.

The VA scholarship provides tuition, educational expenses and a monthly stipend for participants who agree to serve a minimum of two years as a full-time registered nurse in one of the VA's 172 medical facilities.

Approximately \$3.6 million dollars is available for scholarships for the 1984-85 school year. Awards are made to third and fourth-year baccalaureate nursing students and to master's degree candidates in specialties needed by the Veterans Administration. These specialties are gerontology, medical/surgical, adult psychiatric/mental health, rehabilitation, and nursing service administration.

Information about the program is available from the VA Health Professional Scholarship Program, Office of Academic Affairs, DM & S (14N), 810 Vermont Avenue, N.W., Washington, DC 20420. Requests for an application package may be made to the Scholarship Program Office between February 27 and May 11, 1984. Completed applications must be received by the Scholarship Program Office no later than June 1, 1984.

HELP AVAILABLE FOR BEGINNING NURSING STUDENTS

All beginning nursing students joining NSNA as of June 1, 1983 receive a special gift from NSNA, *The NSNA Survival Guide for Beginning Nursing Students*. The publication, produced with an education grant from Clinic Shoes, St. Louis, MO, contains helpful articles on financing, guidelines for effective studying, coping with academic stress, using the library and staying well.

Beginning nursing students who have received their copy of the *Guide*, have found it a valuable tool to help them adjust to a new life style and familiarize them with what to expect as a new nursing student. The *Guide*, along with other NSNA services, programs, publications, and leadership opportunities provides nursing students with helpful support to get them through nursing school and to experience all that they can during the process.

NEW SERVICE WILL HELP SENIORS FIND JOBS

A new membership service, Senior Nursing Student Network (SNSN), is being offered to senior nursing students. Beginning this spring, seniors are invited to complete a form containing information about the students previous work experience, preferred work settings, and their availability to relocate.

The information will be entered into a computer data bank. Hospitals and health care institutions will have access to the file and will contact students directly when the student's records match up with the institutions needs and job openings.

The service is free to senior NSNA members and is available for a fee to nursing student non-members.

SNSN is an educational and career development service offered to members of the National Student Nurses' Association by Anthony J. Jannetti, Inc.

NSNA HEADQUARTERS RELOCATING

Effective May 28, 1984, NSNA's new address will be 555 West 57th Street, New York, New York 10019. We are pleased to announce that we will become a

tenant of the American Journal of Nursing Company which is leasing the space to NSNA. The move occurs shortly after the conclusion of NSNA's annual convention so some interruption in services can be expected during this transition period. Announcements of our new address and phone number will appear in future publications.

DECIDING TO FOREGO LIFE-SUSTAINING TREATMENT

Concern for Dying, a national, not-for-profit organization founded in 1967 to address the rights and responsibilities involved in treatment of dying patients, has reprinted *DECIDING TO FOREGO LIFE-SUSTAINING TREATMENT*, the landmark report of the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. This study, which affirms that terminal care decision making should properly be based on the wishes of patients and their families, discusses the ethical, moral, legal and social dimensions of terminal care in a thorough and thoughtful manner.

Concern for Dying's edition includes the 255 page text of the report, and the first two of the nine appendices and is available immediately for \$5.00 per copy. Please mail order and check to CONCERN FOR DYING, 250 West 57 Street, New York, NY 10107.

they could not continue school without that assistance. 61% of this group indicated that they would be willing to work in an underserved area as an option to repay a federal loan.

Other Types of Financial Aid

The group receiving state loans and scholarships comprised 32% of the total group surveyed. State nursing student scholarships or loan programs were the source of 69% or over half of those receiving state assistance.

Assistance from school or other sources was received by 49 of those surveyed. In addition, 65% held jobs to help meet education and maintenance cost.

Family Income Ranges

The approximate family income ranges per year of the respondents was reported as follows:

\$ 5,000 or less	20%
\$ 5,000 - 10,000	13%
\$10,000 - 15,000	10%
\$15,000 - 20,000	16%
\$20,000 - 25,000	14%
\$25,000 or above	27%

A question asking how much money nursing students will owe upon graduation from nursing school the responses were as provided:

under \$500.00	18%
\$ 500 - 1,500	8%
\$1,500 - 2,500	14%
\$2,500 - 3,500	7%
\$3,500 - 4,500	16%
Over \$4,500	37%

*1983 National Student Nurses' Association

NSNA FINANCIAL AID DATA RELEASED

For the sixth year, a survey done by the National Student Nurses' Association shows that the majority of nursing students surveyed are dependent on federal financial assistance to complete their nursing education. 395 responses to the survey were received. Of these, 57% received some type of federal financial assistance. This is a decrease from the 1982 survey.

Student Profile

18% of the respondents attended ADN programs. 62% attended BSN programs. 19% attended diploma programs, and 10% were in other types of programs. 69% attended public institutions while 31% attended private institutions. 6% of the respondents were LPN's and 2% were already RN's.

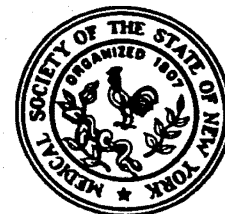
Types of Federal Aid Received

	1979	80	81	82	83
All	--	58%	65%	64%	57%
Federal Nursing Stud. Schol.	20%	17%	14%	11%	10%
Federal Nursing Student Loans	45%	40%	32%	28%	28%
Direct Guaranteed Federal Loans	25%	29%	48%	57%	57%
Basic Education Oppor. Grant	45%	64%	53%	52%	53%
VA/Social Security Benefits	10%	12%	13%	12%	11%
National Health Serv. Corps Schol.	3%	1%	13%	1%	1%
Other	8%	28%	34%	36%	42%

As stated above 57% of those surveyed received federal aid. Of those receiving federal aid, 77% stated

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JKH
JUN 19 1989



WILLIAM R. EGAN
DEPUTY EXECUTIVE VICE-PRESIDENT

MEDICAL SOCIETY OF THE STATE OF NEW YORK
420 LAKEVILLE ROAD, LAKE SUCCESS, N.Y. 11042 (516) 488-6100
FAX: (516) 488-1267



June 15, 1989

Martha L. Orr, M.N., R.N., Executive Director
New York State Nurses Association
2113 Western Drive
Guilderland, NY 12084

Dear Ms. Orr:

At its meeting on May 25, 1989, the Council of the Medical Society of the State of New York approved the recommendations of the Liaison Committee with the Nursing Profession to address the critical shortage of professional nurses in New York. The Council approved the formation of a Coalition of the Hospital Association of New York State, the New York State Nurses Association and the Medical Society of the State of New York, consisting of an equal number of representatives.

Its purpose is to work together to seek solutions to the current nursing shortage in order to improve the health care of the citizens of the State of New York.

To this purpose we invite your active participation on an issue about which we know you share our concern.

We look forward to your earliest response.

Sincerely,

William R. Egan

William R. Egan
Deputy Executive Vice-President

WRE:dz

cc: David M. Benford, M.D.
Donald F. Foy

Editor Diane Mancino, MA, RN, C
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DEAN'S Notes™

NURSING STUDENT VOTER REGISTRATION CAMPAIGN PLANNED

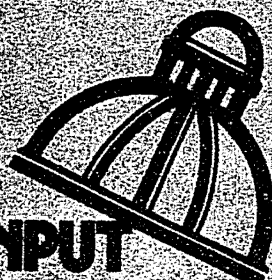
Nursing students will be holding voter registration, education and get-out-the-vote drives on college campuses and in schools of nursing all over the nation. Mandated by the 1983 NSNA House of Delegates, the NSNA board of directors has set September 10-17, 1984 as NSNA Nursing Student Voter Registration Week. Resource materials including guidelines for implementing the non-partisan drive will be provided by NSNA. A workshop will take place during the annual NSNA convention on Wednesday, April 25, 1984 to provide voter registration skills for nursing students and to get them excited about planning and implementing drives sponsored by their local NSNA school chapters.

NSNA encourages nursing school faculty to join in. Registration of faculty can be included in the campaign as well as registration of students from other disciplines. At many colleges and universities, coalitions are forming to register all college students in time to vote in the November 1984 election.

While state election laws vary, with adequate planning nursing students can successfully learn the process of registration and implement the drive. Voter education getting voters to the polls is part of the overall plan to teach nursing students about the electoral process and to help them develop the voting habit.

NSNA is currently collecting statistics on the number of nursing students who are presently registered voters. Data is being collected from NSNA membership forms.

NSNA urges your support of this important project and we hope that you will get on the bandwagon along with NSNA to make an impact in the 1984 elections.



CAPITOL INPUT

**NURSING STUDENTS
254 FOR STUDENT**

NSNA Voter Registration Campaign

September 10-17, 1984

First Class
U.S. Postage
PM10
Permit No. 42
Pitman, New Jersey

AMERICAN NURSES' ASSOCIATION

FELLOWSHIP

Fall 1984

Vol. VII, No. 1

Published by The American Nurses' Association Ethnic/Racial Minority Fellowship Programs
The Registered Nurse Fellowship Program (Research) & Clinical Fellowship Program (Clinical)
are funded by the Center for Studies of Minority Group Mental Health, National Institute of Mental Health

M. ELIZABETH CARNEGIE NURSE HISTORIAN



M. Elizabeth Carnegie,
D.P.A., R.N., F.A.A.N.

M. Elizabeth Carnegie, D.P.A., R.N., F.A.A.N., MFP Advisory Committee chairperson, is writing a history of blacks in nursing. She had been researching the contributions of black women to the nursing profession while teaching as a visiting distinguished professor in the school of nursing at the University of North Carolina at Greensboro. The deliberate

omission of black nurses from nursing history textbooks, according to Dr. Carnegie, was more likely due to the separation between black and white nursing institutions which has historically existed, rather than to prejudice. She has felt that, "A lot of blacks have never thought about nursing because they never identified with it. They need that sense of identity with black nurses in history to realize that this is a field that's open to them."

After a brief look at the nursing career of Elizabeth Carnegie, it is evident that her name is synonymous with opening doors for black nurses into traditionally white institutions. While teaching at Florida A&M College in Tallahassee in the '40s, she established a clinical program for her students in a white hospital in Jacksonville, despite threats of a white nurse strike at that hospital. She was the first black nurse to participate actively in the Florida State Nurses' Association, whose membership activities had been previously limited to dues payment. In 1949, she was elected as the first black to the association's board of directors.

Dr. Carnegie received her doctor of public administration degree in administration of health services from New York University in 1972. After serving as dean and professor in the nursing school for Florida A&M for ten years, she served on the editorial staff for the American Journal of Nursing Company for 25 years, the last six years in the capacity as editor of *Nursing Research*. In 1981, the University of Florida School of Nursing at

(Continued on page 2)

ORA STRICKLAND KELLOGG NATIONAL FELLOW



Ora Strickland,
Ph.D., R.N., F.A.A.N.

Ora Strickland, Ph.D., R.N., F.A.A.N., has been named as one of 43 fellows selected for the W.K. Kellogg Foundation's National Fellowship Program. Dr. Strickland is a 1975-76 Research fellow, and is acting doctoral program director and evaluator in the school of nursing at the University of Maryland at Baltimore. More than 860 applications were received for this

prestigious fellowship program from higher education institutions, as well as from the government, business, industry, and human services sectors. As a Kellogg National Fellow, she will receive a three-year grant of \$20,000 to pursue a self-designed plan of study which will enhance her professional goals. All fellows also participate in six seminars over the three years which address issues facing leaders in domestic and international settings.

Dr. Strickland received her Ph.D. in child development and family relations in 1977 from the University of North Carolina at Greensboro. She has continued to conduct research on behavioral aspects of expectant fatherhood, which was the focus of her dissertation research. She has published and presented widely on this topic, and was interviewed last spring by the Cable News Network about her study. Dr. Strickland has been active in ANA and currently serves on the executive committee for the Cabinet on Nursing Research. At the ANA convention in New Orleans this June (see pages 4 & 5 for related story), she presented in a program, "Expanding Research Horizons: Obtaining Funding from the Private Sector." She is currently serving her second term as vice chairperson of the Board of Directors of the American Journal of Nursing Company.

The ANA Minority Fellowship Programs can be proud of this recent achievement of one of the distinguished alumnae, Dr. Ora Strickland.

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Fall 1984

NEW MFP FELLOWS ADMITTED IN 1983 AND 1984

Nine nurses were admitted as MFP Fellows for 1983-1984, and nine new fellows were recently selected for the 1984-1985 school year. The addition of these two cohorts makes a total of 122 fellows who have been funded by both fellowship programs. Their names, schools and majors are shown below (C denotes Clinical fellows; R denotes Research fellows):

1983-1984 FELLOWS		
Name	Institute	Major
Carolyn Fong (R)	University of California-Berkeley	Higher Education
Audrey Koertvelyessy (C)	Case Western Reserve University	Nursing
Constance Nakao (R)	University of Washington-Seattle	Educational Psychology
Phyllis Sharps (C)	University of Maryland-Baltimore	Nursing
Nettie Sims (C)	California Institute for Integral Studies	Counseling Psychology
Zenaida Spangler (R)	Wayne State University	Nursing
Sara Torres (C)	University of Texas-Austin	Psychiatric Nursing
Alice Welch (R)	University of Utah	Transcultural Nursing
Ruby Wesley (C)	University of Maryland-Baltimore	Evaluation Research (Nursing)

1984-1985 FELLOWS		
Name	Institute	Major
Rosie Chang (C)	Columbia Pacific University	Nursing Administration
Hyunok Do (C)	Boston University	Nursing
Georgia Moffatt (R)	Ohio State University	Medical Sociology
Charles Etta Richardson (C)	Wayne State University	Nursing
Beverly Robinson (C)	University of Texas-Austin	Psychiatric Nursing
Janice Robinson (R)	University of North Carolina-Chapel Hill	Health Policy & Administration
Maria Staffa de Benitez (C)	Caribbean Center for Advanced Studies	Clinical Psychology
Jean Turner (C)	Virginia Commonwealth University	Health Admin., Services/Health, Services Eval.
Birdell West (R)	University of Texas-Austin	Maternal/Child Nursing

THREE NURSES FUNDED BY ANA CLARA LOCKWOOD FUND

Three fellows were selected to be recipients of graduate scholarships from the American Nurses' Association-Clara Lockwood Fund for the 1984-1985 school year. The names and schools of these nurses are as follows: **Freida Outlaw**, Catholic University of America; **Bess Stewart**, University of Texas-Austin; and **David Waldron**, University of Florida-Gainesville. All three are majoring in psychiatric nursing.

In December 1983, the ANA Board of Directors approved the

use of interest from the fund "to award graduate education scholarships for ethnic minority nurses under the administration of the Ethnic/Racial Minority Fellowship Programs." Previous recipients of monies from the Lockwood Fund were American Indian nurses. ☉

Carnegie/from page 1

Gainesville honored her with a special citation for pioneering baccalaureate nursing education in the state of Florida. Dr. Carnegie currently serves as corresponding secretary for the American Association for the History of Nursing.

Minority nurses everywhere will find Dr. Carnegie's new book on their "recommended reading" lists. ☉

Materials in the *Fellowship* newsletter represent the point of view of individual contributors and do not necessarily reflect the official policies of ANA.

Fellowship

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Fall 1984

MFP TO ADMINISTER ANA BACCALAUREATE SCHOLARSHIP FUND

The Minority Fellowship Programs announce the availability of scholarship awards for baccalaureate nursing education for 1985-1986 from the ANA Baccalaureate Completion Scholarship Fund. The fund was established by the American Nurses' Association in 1983 to provide financial assistance to ethnic minority registered nurses for baccalaureate nursing education.

Applicants must be licensed registered nurses including, but not limited to ethnic/racial minorities (e.g. Afro-American, Asian-American, American Indian, and Hispanic American). Persons must be accepted in accredited school of nursing, and pursuing a baccalaureate degree in nursing, and must hold current membership in the National Student Nurses' Association or a state nurses' association that is a constituent of the American Nurses' Association.

The fund will provide individual scholarships up to \$2,000 annually. These awards are intended to help defray educational expenses.

The impetus for the establishment of this fund arose from two resolutions sponsored by the Commission on Human Rights which were passed by the ANA House of Delegates in 1978 and 1980. The 1978 resolution called for ANA to support the commission in creating a scholarship fund to support baccalaureate education for registered nurses, with the criteria for awardees reflecting "national priorities for increasing access to nursing care" in medically underserved areas. The 1980 resolution proposed specific actions to increase informational, legislative, and financial support for minority students in basic and graduate nursing education programs, in response to the

proposed changes in educational requirements for entry into nursing practice. In their December 1983 meeting, the ANA Board of Directors committed \$50,000 towards the establishment of this fund, to be administered by the Minority Fellowship Programs; **Dr. Ethelrine Shaw-Nickerson** can be credited for introducing the motion.

The Minority Fellowship Programs acknowledge the role that the Cabinet on Human Rights has played in making this scholarship fund a reality.

Applications must be received by January 15, 1985. For further information and application forms, write to: Ethnic/Racial Minority Fellowship Programs, American Nurses' Association, 2420 Pershing Road, Kansas City, Missouri 64108, or its Washington office at 1030 15th Street, N.W., Suite 716, Washington, D.C. 20005. ☉

DR. SHAW-NICKERSON ACCEPTS PLAQUE

Ethelrine Shaw-Nickerson, Ph.D., R.N., F.A.A.N., was honored during the "Future Nurse Researchers" program for her many contributions on behalf of minority nurses during her 15 years of service to the American Nurses' Association. A plaque was presented to her by **Bobbie Perdue, M.S.N., R.N.**, Clinical fellow, on behalf of the MFP Advisory Committee, Fellows, and Staff. Since 1970, Dr. Shaw's voluntary services to ANA have included such offices as: 2nd and 3rd vice president, chairman of the Affirmative Action Task Force and chairperson of the Commission on Human Rights, member of the Board of Directors and its Finance Committee, and board trustee for the American Nurses' Foundation. At the spring meeting of the MFP Advisory Committee, both ANA



Ethelrine Shaw-Nickerson, Ph.D., R.N., F.A.A.N.

Executive Director Judith Ryan and President Eunice Cole acknowledged Dr. Shaw-Nickerson's efforts towards establishing a baccalaureate scholarship fund for minority nurses at ANA (for related story, see above). ☉

Other Advisory Committee Members In the News

Faye Gary-Harris, Ph.D., R.N., F.A.A.N., recently completed a one-year administrative internship in the Office of the President of Georgetown University, under the aegis of a fellowship sponsored by the American Council on Education. She returns to teaching and research at the University of Florida-Gainesville.

Gloria Smith, Ph.D., R.N., F.A.A.N., was a speaker for an ANA convention program on "Minority Utilization of the Health Care System." ☉

MFP SPONSORS TWO PROGRAMS

GRADUATES SHINE AS "FUTURE NURSE RESEARCHERS"

Fourteen graduates of the Minority Fellowship Programs came from all parts of the country to present the findings of their dissertations at the 1984 ANA Convention in New Orleans, in an MFP-sponsored program entitled "Future Nurse Researchers." One graduate, Dr. Yoshiko Sekito, came from Tokyo, Japan, to present her research. The program, presented at the Marriott Hotel, June 23 and June 26, was well-attended. Comments were full of praise for the quality of research done and the presentations themselves.

Four Advisory Committee members moderated the program: Dr. Elizabeth Carnegie and Dr. Hector Gonzalez moderated Saturday's program, and Dr. Faye Gary-Harris and Ms. Ruth Perez moderated Tuesday's program. In her introductory remarks, Dr. Hattie Bessent acknowledged the hard work and long hours each fellow had devoted to her research, and how the resulting product had contributed "towards a better understanding of the origin of mental illness."

As shown below, the fellows' presentations addressed different aspects of mental health and illness research with implications for ethnic people of color, as well as approaches to nursing care delivery and nursing education

which could be tailored to meet the needs of minority persons. The following is an alphabetical listing of the graduates and the titles of their presentations:

Marguerite Dixon, Ph.D., R.N., "Families of Adolescent Clients and Nonclients: Their Environments and Help-Seeking Behaviors"; **Lorene Farris, Ed.D., R.N.**, "Factors Associated with Success of American Indians in Nursing"; **Frances C. Gaskin, Ph.D., R.N.**, "Comparison of Tightly Structured and Loosely Structured Hierarchical Training Programs"; **Wei Wei C. Huang, Ed.D., R.N.**, "Attitudes Toward Death Among Nurses, Physicians, Elementary School Teachers and Professors in Taiwan, Republic of China"; **Beryl B. Jackson, Ph.D., R.N.**, "Life Satisfaction of Black Climacteric Women in Relation to Specific Life Events"; **Wonhee Kim, Ph.D., R.N.**, "The Relationship of Anxiety and Emotional Distance Factors in Differentiation of Self and Rigidity-Flexibility to Marital Conflict"; **Kem Louie, Ph.D., R.N.**, "An Attitudinal Study of Ethnic Nurses Toward Ethnic Patients"; **Magelende R. McBride, Ph.D., R.N.**, "Age-Effects on Neural Taste Responses to Salts and Other Chemical Stimuli"; **Ngozi Nkongho, Ph.D., R.N.**, "The Relationship Between

Content Completeness of Self-Disclosure to an Adult, Child, a Friend, and Well-Being in the Elderly"; **Janice Penn, Ph.D., R.N.**, "Assertive Behavior and Depression Among Native American Nursing Students and Native American Nurses"; **Coralease Ruff, D.N.Sc., R.N.**, "Maternal Behavior in Unmarried Adolescent Mothers"; **Yoshiko Sekito, Ed.D., R.N.**, "Mental Health Aspects of Post Mastectomy Recovery: Factors and Conditions Affecting the Amount of Perceived Help Mastectomy Patients Received from the Reach to Recovery Group for Post Mastectomy Rehabilitation"; **Bettye W. Story, Ph.D., R.N.**, "A Comparison of Self-Esteem of Older Adults in Age-Segregated and Age-Integrated Residential Environments"; and **Alma C. Yearwood, Ed.D., R.N.**, "A Comparison of the Effective and Ineffective Behaviors of Black and White Leaders in Nursing: An Executive Development Program."

The number of MFP graduates who have presented their dissertation research at ANA conventions has grown from the first four graduates who presented in 1978 in Hawaii to the 14 who presented this year. Forty fellows have been featured in the "Future Nurse Researchers" programs in the last four conventions. ☉

AT ANA CONVENTION

FOUR FELLOWS ON CULTURAL DIVERSITY PANEL

Four Clinical fellows presented papers in a panel discussion, "Cultural Diversity in America: An Enrichment Mechanism" sponsored by the Minority Fellowship Programs at the ANA 1984 Convention. The program focused on the specific health care needs of the minority health care consumer and how the health care system and its providers could better address these needs. These aspects were discussed by the fellows according to their respective ethnic/racial groups as follows:

Marilyn Chow, D.N.S., R.N., associate executive director of the California Nurses' Association, spoke on "Asian Americans as Consumers of Health Care"; **Susana Juarez, M.S.N., R.N.**, assistant professor of nursing at

the University of Texas at Austin, addressed "Providing Excellent Care to the Hispanic Patient"; **Audrey Koertvelyessy, M.S.N., R.N.**, associate professor of nursing at the Ohio University, talked about "Cultural Diversity: An Enrichment Mechanism—The American Indian Side"; and **Cynthia Capers, M.S.N., R.N.**, assistant professor of nursing at LaSalle University, spoke on "Cultural Diversity and Health Care: Afro-Americans."

The program was presented twice to capacity audiences at the Rivergate Convention Center on June 24 and 25, and was the second in a series of panels on cultural diversity sponsored by the fellowship programs. The first, "Cultural Diversity in America:

Implications for Selected Populations," was presented at the 1982 ANA Convention in Washington, D.C. The enthusiastic response to the papers presented and their publication in a monograph resulted in the planning of the second panel featuring fellows as the speakers. Two Advisory Committee members, **Dr. Gloria Smith**, and **Dr. Faye Gary-Harris**, served as moderators for the panel.

Continuing education credits were offered for the programs. Evaluation feedback indicated that the 1984 program was an excellent follow-up to the first panel, and that convention goers would like to see more presentations on minorities and health care. ☉

FIFTEEN FELLOWS GRADUATE

Seven Research fellows and eight Clinical fellows completed their doctoral training since the spring of 1983, making a total of 59 fellows who have earned doctorates through the Minority Fellowship Programs. Thirty-eight of these graduates were funded as Research fellows and 21 were funded as Clinical fellows. The newest graduates were as follows:

Eula Aiken (1975-1976 Research fellow) completed her Ph.D. program in Education and Social Research in the summer of 1983 at Emory University. Her dissertation was written on "Race and Gender as Predictors of Educational and Occupational Aspirations of High School Seniors." Dr. Aiken is Project Director of the Associate Degree in Nursing Project, for the Southern Regional Education Board.

Richardean Benjamin (1982-1983 Clinical fellow) recently received her Ph.D. degree in psychiatric nursing this summer from the University of Texas at Austin. The title of her dissertation was "A Comparison of the Coping Responses of Clinically Depressed Black Females with Nondepressed Black Females to Perceived Racial Prejudice and Discrimination." Dr. Benjamin is an assistant professor in the Department of Nursing at Georgia Southern College in Statesboro, Georgia.

Denise Canton (1978-1979 Clinical fellow) successfully defended her dissertation on "Cultural Readjustment, Coping and Mental Health Status of West Indians Residing in a U.S. Metropolitan Area" in April 1984, to earn the D.N.Sc. degree in psychiatric nursing at the Catholic University of America.

Lorene Farris (1980-1981 Research fellow) earned her Ed.D. degree in education in the summer of 1983 from the University of Miami in Coral Gables, Florida. Her dissertation was entitled, "A Study of Factors Associated With Success of American Indians in Nursing and a Proposed Model for Cultural Content." Dr. Farris is associate professor of adult nursing at Florida International University in Miami.

Lee-Nah Hsu (1982-1983 Research fellow) completed her Ph.D. program in health policy and management at Harvard University in the fall of 1983. Her dissertation focused on the "Evaluation of Ambulatory Primary Care Quality: A Comparison Between Physicians, Residents, and New Health Practitioners."

(Continued on page 6)

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Fifteen Graduates/from page 5

Wei Wei Huang (1981-1982 Clinical fellow) received an Ed.D. in nursing education from Teachers College in the summer of 1983. Her dissertation was entitled, "Attitudes Toward Death Among Nurses, Physicians, Elementary School Teachers, and Professors in Taiwan, Republic of China." She teaches as associate professor of mental health and psychiatric nursing at Bronx Community College.

Three fellows earned Ph.D.s in nursing research from New York University last year; they were as follows: **Won Hee Kim** (1977-1978 Research fellow, **Kem Louie** (1977-1978 Research fellow), and **Ngozi Nkongho** (1980-1981 Clinical fellow). The MFP now has four NYU alumnae. Dr. Kim's dissertation examined the "Relationship of Anxiety and Emotional Distance Factors in Differentiation of Self and Rigidity—Flexibility to Mental Conflict." She is assistant professor, Department of Nursing, Fitchburg State College, Fitchburg, Massachusetts. Dr. Louie wrote on "The Relation of Ethnicity and Ego Defensiveness of Female Registered Nurses to Their Attitudes Toward Ethnically Similar and Different Patients." She teaches at the College of Nursing, Villanova University in Villanova, Pennsylvania as assistant professor. Dr. Nkongho investigated, "The Relationship Between Content, Completeness of Self-Disclosure to an Adult, Child, a Friend, and Well-Being in the Elderly." She is assistant professor

of nursing, Lehman College, City University of New York.

Frances Munet-Vilaro (1981-1982 Clinical fellow) recently defended her dissertation on "Coping Strategies and Family Adaptation to Childhood Cancer of a Puerto Rican Sample" this past summer to complete requirements for Ph.D. in Nursing Science (Family Adaptation and Environment) at the University of Washington at Seattle. Dr. Munet-Vilaro just moved to Austin, Texas, where she accepted a position in the School of Nursing at the University of Texas.

Dorothy Powell (1981-1982 Research fellow) completed her Ph.D. program in higher education last fall at the College of William and Mary. Her dissertation was entitled, "The Education of Nurses in Predominately Black Colleges for Medically Underserved Urban Settings: An Application of Bandura's Psychological Theory to the Student-Faculty Interaction Process." Dr. Powell returned to teaching as chairperson of the Department of Nursing, Norfolk State University, Norfolk, Virginia.

Alma Yearwood (1981-1982 Clinical fellow) earned the Ed.D. degree in higher and adult education from Teachers College last year. Her dissertation was written on "A Comparison of the Effective and Ineffective Behaviors of Black and White Leaders in Nursing: Recommendations for an Executive Development Program." Dr. Yearwood is an administrator

with Brownlee, Dolan, Stein, Assoc., a health information and guidance service.

Other fellows who are to be congratulated for their completion of their doctoral programs this summer are:

Carolyn Fong (1983-1984 Research fellow) earned a Ph.D. in higher education at the University of California at Berkeley. She wrote her dissertation on the "Relationship Between Role Overload, Social Support, and Burnout Among Nursing Educators." She returns to teaching and research as associate professor in the School of Nursing at the University of California at San Francisco.

Roslyn Sykes (1981-1982 Clinical fellow) completed her doctoral program in higher education and counseling at St. Louis University. Her dissertation was entitled "Perceived Stressors in Black Baccalaureate Nursing Students in Predominately White Institutions and the Effects of Social Support." Dr. Sykes is assistant professor in the School of Nursing at Southern Illinois University-Edwardsville.

Beverly Peoples (1981-1982 Clinical fellow) completed her Ph.D. program in counseling/education at Iowa State University. Her dissertation title was "A Study of the Informal Support System of Black Elderly Living in Age Homogeneous Apartments Located in Detroit, Michigan." Dr. Peoples has moved to Lima, Ohio.

1983 LEGISLATIVE INTERNSHIP A SUCCESS

Six Clinical fellows participated in the 1983 Summer Legislative Internship Program. The Minority Fellowship Programs have sponsored the internships for seven consecutive summers beginning in 1977, and 37 fellows have had the unique opportunity of serving in the offices of congressional lawmakers and committees, federal health regulatory agencies, and centers for research and development and policy studies. The six nurses who served as interns for nine weeks last summer were as follows:

Marilyn Chow, D.N.S., R.N., interned in the office of Senator **Daniel K. Inouye** of Hawaii. Originally from Hawaii, Dr. Chow is now Associate Executive Director of the California Nurses' Association.

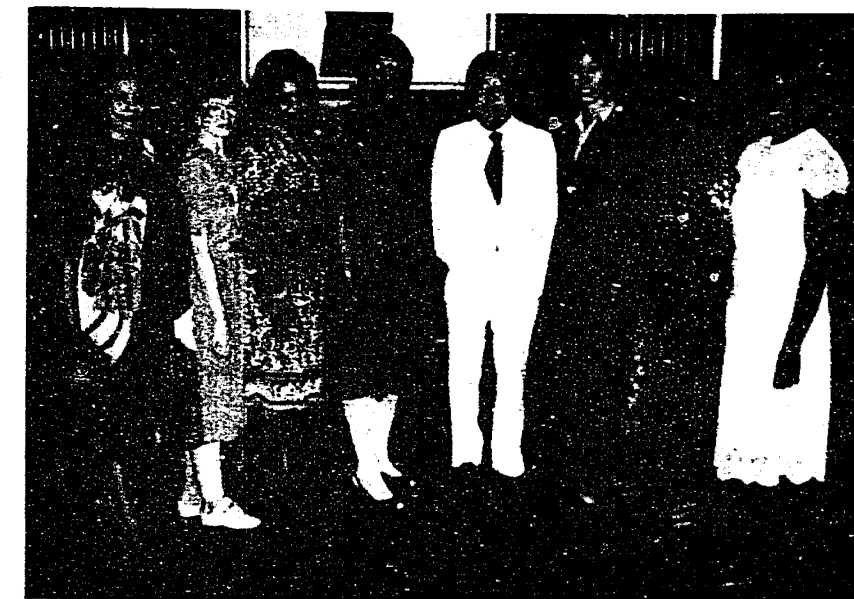
Karine Crow, a doctoral nursing student at the University of Utah, served in the office of the Deputy Surgeon General and Child Nurse of the U.S. Public Health Service, **Dr. Faye Abdellah**.

Cynthia Degazon, a doctoral student at New York University majoring in nursing research, worked under **Vernice Ferguson**, Deputy Assistant Chief Medical Director for Nursing Programs, of the Veterans Administration Central Office.

Mamie Montague, a doctoral student at the University of Maryland-College Park, interned at ANA's Center for Governmental Affairs. Ms. Montague is majoring in administration, supervision, and curriculum.

Linda D. Oakley, worked under **Mr. Harley Dirks**, President, Health and Medicine Counsel of Washington. Ms. Oakley is a nursing science doctoral student at the University of Washington.

Janice Penn, Ph.D., R.N., interned for **Rena Murtha**, Associate Director of Nursing, at the Clinical Center, National Institutes of Health. Dr. Penn is Assistant Professor of Nursing at the University of Colorado in Denver.



1983 MFP Legislative Interns with Senator Daniel Inouye, from left to right, J. Penn; G. Crow; M. Montague; H. Bessent; Sen. Inouye; M. Chow; C. Degazon; and L. D. Oakley.

In addition to conducting research and attending hearings related to assignments given to the interns by their placement offices the interns met weekly for seminars with the project director. They would hear guest speakers representing different areas of the nursing professional spectrum, such as Dr. Marie Bourgeois, former Chief of Research, Division of Nursing, and Dr. Mary Harper, Coordinator of Long-Term Care Programs Center for Studies of the Mental Health of the Aging. In addition, the interns had weekly seminars with Dr. Patrick DeLeon, Executive Assistant to Senator Inouye. The students valued his "insider's" view of Capitol Hill and his political analyses. Throughout the summer, the director arranged group activities for the interns, which ranged from orientation to the various government agencies, to attending meetings of the chief nurses' "Nursing Roundtable" discussions. The interns were invited to attend two White House Briefings—one on the Social Security Amendments of 1983, and another on U.S. foreign policy in Central America.

The interns usually were assigned projects for the summer.

Chow worked on obtaining direct reimbursement for nurse practitioners under the Federal Employee Health Benefit Plan, and on researching funding sources for a Native Hawaiian education project. Crow researched the cost effectiveness and quality of services provided by nurse practitioners. Oakley attended several hearings weekly which had impact for the firm's health care clients, and wrote a paper analyzing and reviewing the testimony she had heard.

In the reports submitted by each intern at the conclusion of the internship, one theme was universal—that the experience had resulted in personal and professional growth, as well as an acquisition of political savvy for each intern. Equally as important is the "mark" each fellow has left, as a concerned and competent minority nurse, on the projects on which she worked and the persons with whom she worked.

This was recently expressed by Dr. Patrick De Leon: "These individuals have been extremely active and have personally played a major part in the following: in increasing the funds available for (continued on page 8)

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MFP REPRESENTED AT ETHNIC NURSES' MEETINGS

The American Indian/Alaska Native Nurses' Association held their annual meeting in Lawrence, Kansas, July 7 and 8, 1984. Approximately 50 persons attended the educational symposium, "Examining the Cultural Implications of Martha E. Rogers' Science of Unitary Human Beings," which was moderated by **Ms. Martha Primeaux**, MFP Advisory Committee member. Among those in attendance was **Dr. Faye Gary-Harris**, another member of the Advisory Committee. Faculty for the symposium were **Dr. Violet Malinski** and **Dr. Alice Adam Young**.

The National Association of Hispanic Nurses recently held their Fourth Biennial Conference in Los Angeles, September 20-22, in conjunction with the Fifth Biennial National Hispanic Conference sponsored by COSSMHO (National Coalition of Hispanic Mental Health and Human Services Organizations). NAHN President, **Hector Gonzalez** (also MFP Advisory Committee Member), presided over the nurses' conference, which was attended by another committee member, **Ms. Ruth Perez**. The conference focused on critical issues facing the Hispanic nurse of the '80s. Featured were **Dr. Armentha Hill**, Research graduate, and **Esther Walloch**, Research fellow from 1976-1979.

The National Black Nurses' Association held their 12th Annual Institute and Conference in New Orleans, Louisiana, July 27-August 1, 1984. The theme of the meeting focused on health, law, and economics. **Dr. Gloria Smith**, MFP Advisory Committee, attended the conference. At the NBNA 11th National Institute last October, **Dr. Hattie Bessent**, MFP Director, was a featured speaker on "Nurses and Power: From Grass Roots to the National Level."

Internship/from page 7

nursing research, in insuring that greater attention is given to having nurses appointed to various advisory committees, in establishing an associate director for minority concerns within the National Institute of Mental Health, and in insuring that the chief nurse position would not be downgraded within the National Institute of Mental Health, etc. My only regret is that your fellowships are so short and that you are not able to have more individuals participate in the political process during any given year. Perhaps the most significant advancement that I personally have been associated with, which resulted from your program, was the establishment of a special \$5 million line item within the Department of Defense for their child abuse/family violence programs. This initiative grew out of the interest of one of our minority fellows from Hawaii who noted the extent to which areas with a high concentration of military families have been

reporting greater child abuse/family violence incidents. . . . Without question, as a result of your program, a number of military families are presently experiencing a considerably better quality of life than they would otherwise."

Due to the frequent recesses in both houses during the election year, the 1984 summer legislative internship program was postponed until the spring of 1985.

Are You Moving?

DO WE HAVE YOUR NEW ADDRESS?



To insure that you receive new issues of Fellowship, please send all changes of address promptly to Ethnic/Racial Minority Fellowship Programs, American Nurses' Association, 2420 Pershing Road, Kansas City, MO 64108.

In Memoriam:

GRACE JARRETT, PH.D., RN
Research Fellow

Grace Jarrett, Ph.D., RN, 1976-77 fellow of the Registered Nurse Fellowship Program, passed away March 13, 1984. She was an assistant professor in the School of Nursing at the University of Maryland at Baltimore. **Hazle Blakeney, Ed.D., RN**, Advisory Committee co-chairperson and colleague of Dr. Jarrett, attended the memorial services on behalf of the programs.

Dr. Jarrett, a native of Jamaica, was accepted in the second group of Research fellows and earned the Ph.D. in human development from the University of Maryland at College Park in 1979. Her dissertation research examined "The Relationship of Maternal Age to Acceptance and Control in Child Rearing Practices of Young Mothers." Her post-doctoral research interests continued to focus on child rearing patterns and also branched into compliance with anti-hypertensive regimes by black males.

The family requested that all memorials be sent to the Best Care Lodge, Trevinean Road, Kingston 5, Jamaica, a school for retarded children.

FELLOWS IN THE NEWS

1975-1976 Fellows

Willa Doswell, Ph.D., R.N., Research fellow, received the Mabel K. Staupers Award for highest achievement from Chi Eta Phi last year. She recently contributed to a chapter in R. William's textbook on **Black-Related Diseases**. **Frances Gaskin, Ph.D., R.N.**, and two other fellows, **Wei Wei Huang, Ph.D., R.N.** (1981-1982 Clinical fellow), and **Kem Louie, Ph.D., R.N.** (1977-1978 Research fellow), participated in the Second International Conference sponsored by Sigma Theta Tau this past July, entitled "East Meets West." The Korean Nurses' Association cosponsored the 19-day educational and cultural conference in which 111 nurses participated. All three fellows presented research papers in Seoul, Korea, the first stop on the tour. From there, they visited Taipei, Taiwan, and Hong Kong. Gaskin visited Mainland China and Bangkok, Thailand, and others went on to the Philippines, Japan, and Hawaii.

1976-1977 Fellows

Margie Johnson, Ph.D., R.N., Research fellow, coauthored a chapter with colleague, **Margaret Beard, Ph.D., R.N.**, (1978-1979 Clinical fellow) on "Nurse Theorists' Approaches to Mental Health Nursing" in a book, *Mental Health-Psychiatric Nursing: A Holistic Life Cycle Approach*, published last year. Dr. Johnson presented a paper on "Type A Personality, Trust, and Life Satisfaction in Younger and Older Adult Women" at the Third Annual Nursing Research Day in March 1984, at the University of Missouri at Columbia. **Cheryl Killion**, Research fellow in anthropology at UCLA, was named recipient of the Julian "Cannonball" Adderley Scholarship awarded by the Center for Afro-American Studies at UCLA in February 1984 and was also awarded a UCLA research internship by the Center for Afro-American Studies.

1977-1978 Fellows

Gloria Jo Floyd, Ph.D., R.N., Clinical fellow, was appointed vice chair of the Governor's Commission for Women for the State of Texas last fall by Governor Mark White. She was also named director of the School of Nursing for Schreiner College in San Antonio, Texas, last year, in addition to maintaining her consulting practice. **Dorothy Lanuza, Ph.D., R.N.**, Clinical fellow, was recently selected as a Clinical Scholar by the Robert Wood Johnson Foundation. **Beverly Malone, Ph.D., R.N.**, Research fellow, had two articles published, in the September/October 1983 issue of *Nursing Economics*, she coauthored an article, "A Consultation Model for Nurse Specialist Practice"; and in the January 1984 issue of *Occupational Health Nursing*, her paper appeared on "Strategies and Approaches to Policymaking: A Nursing Perspective." Dr. Malone was a presenter in an ANA Convention program, "Educating the Clinical Nurse Specialist: Performance Appraisal, Self-Assessment, and Peer Review." **Janice Ruffin**, Research fellow at the City University of New York, spoke before a March 1983 meeting of the New York Black Nurses' Association on "Women and the Acquisition of Power."

1978-1979 Fellows

Margaret Beard, Ph.D., R.N., Clinical fellow, spoke on "Psychosocial Stress and Hypertension in Black Adult Women" at the Third Annual Nursing Research Day at the University of Missouri-Columbia last March. Over the past year, she has presented her research findings on heart disease risk factors in blacks at four other meetings, including the National Black Nurses' Association 11th National Institute. Dr. Beard serves on the Research Review committee for the American Nurses' Foundation.

Marguerite Dixon, Ph.D., R.N., Clinical fellow, received the Nursing Loyalty Award last year from the Nursing Alumni Association of the University of Illinois in recognition of her years of service to the Nursing Alumni Association.

Coralease Ruff, D.N.Sc., R.N., Clinical fellow, was appointed as assistant professor of nursing at George Mason University in Virginia. **Delois Skipwith, D.S.N., R.N.**, Clinical fellow, has contributed a chapter on "Care of the Older Adult" in a book in press, *Community Health Nursing*. (J. Lancaster and M. Stanhope, eds.) C. V. Mosby.

1979-1980 Fellows

Beryl Jackson, Ph.D., R.N., Clinical fellow, presented her dissertation research findings in a poster session last November at the ANA Conference, "New Knowledge for Nursing Practice," in Denver. **Barbara Holder**, nursing major at New York University and Clinical fellow, was the only ANA fellow nominated for an ANA office this year. She was named as a candidate for one of seven seats on the Nominating Committee. **Lovetta Smith**, Clinical fellow and doctoral candidate in nursing at Catholic University, recently accepted a teaching position as assistant professor in the College of Nursing at the University of Florida-Gainesville. She was elected to a two-year term on the Board of Directors of the Drug and Alcohol Nurses' Association, and was also a contributor to recent ANA publication entitled, *Addictions and Psychological Dysfunctions: The Profession's Response to the Problem*.

1980-1981 Fellows

Cynthia Degazon, Clinical fellow, has moved to McAllen, Texas, where her husband has accepted a new teaching position. Ms. Degazon intends to finish her dissertation there, to finish her

(Continued on page 10)

**Fellows In the News
from page 9**

Ph.D. program in nursing research at New York University. **Jesus Encarnacion**, Clinical fellow at Catholic University, was promoted to the rank of Lieutenant Colonel in the Army Nurse Corps last November.

Theresa Jones, Clinical fellow at the University of Michigan, was elected president of the Detroit District of the Michigan Nurses' Association, and was named in the 1983 edition of *Who's Who in Colleges and Universities*.

Cornelia Porter, Clinical fellow in nursing at the University of Arizona, coauthored and performed in a one act play about nursing entitled "The Theatre of the Absurd of the Observed" at the 16th Annual Communicating Nursing Research Conference, sponsored by WICHE last year.

Eleanor Roland, Research fellow at North Carolina State University, was recently appointed to serve on the Board of Directors of the Orange County Mental Health Association.

1981-1982 Fellows

Priscilla Butts, Clinical fellow matriculating at New York University, was selected as chairperson of the National Nominating Committee of Sigma Theta Tau. She presented in an ANA convention program on "Design and Implementation of Career Ladders for High-Risk Perinatal Nurses." Ms. Butts was also named the recipient of the Samuel Eshbern Award for outstanding leadership by the School of Education, Health, Nursing, and Arts Professions, at NYU. **Cynthia Capers**, Clinical fellow at the University of Pennsylvania, presented her research on "Perceptions of Problematic Behavior as Held by Lay Black Adults and Registered Nurses" at the Fourth National Forum of Doctoral Students in Nursing sponsored by the Rush University College of Nursing last October. **Beverly Peoples, Ph.D., R.N.**, Clinical fellow,

(Continued on page 11)

FELLOWSHIP AND RESEARCH OPPORTUNITIES

Applications for the 1985-1986 Congressional Science Fellowships in Child Development are invited by the Society for Research in Child Development. Open to scientists and professionals at post-doctoral level with interests in child development and public policy. Opportunity to spend one year as member of Congressional staff. Early- and mid-career applicants encouraged. Fellowship year begins September 1, 1985. Deadline for receipt of application materials is **November 1, 1984**. For information, contact: Dr. Barbara Everett, Director, Washington Liaison Office, Society for Research in Child Development, 100 North Carolina Avenue, S.E., Suite 1, Washington, D.C. 20003; (202) 543-9582.

Funding is available for master's study in psychiatric mental health nursing for minority students at Case Western Reserve University, Frances Payne Bolton School of Nursing. Students with an accredited bachelor's degree in nursing are eligible to apply for this one-year program. Awards include \$2,000 toward tuition payment and a monthly stipend of \$440. Application deadline is August 20. Contact: Donna Hassik, Frances Payne Bolton School of Nursing, Case Western Reserve University, Cleveland, Ohio 44106, (216) 368-2562.

Opportunities for Scholarly Exchange are offered through the Committee on Scholarly Communication with the People's Republic of China (CSCPRC), National Program of Scholarly Exchanges with People's Republic of China. This program offers support for visits to China by scholars and advanced graduate students in the sciences, engineering, social sciences, and humanities. The Graduate and Research Programs support American scholarly interests by providing opportunities for study and research at Chinese universities and research institutes. The Visiting Scholar

Exchange Program, which supports both Chinese and American scholars, is designed to enhance intellectual dialogue and make significant contributions to academic exchanges in a given discipline. Application is open to U.S. citizens and permanent residents regardless of national origin, sex, or religious affiliation. Funding is provided by the United States Information Agency, Department of Education, National Endowment for the Humanities, National Science Foundation, and the Starr and Ford Foundations. Address requests to: CSCPRC, National Academy of Sciences, 2101 Constitution Avenue, N.W., Washington, D.C. 20418.

Postmark/Mailing deadline for application to Graduate and Research Programs is October 6, 1984. Deadline for application to the Visiting Scholar Exchange Program is October 29, 1984.

Administrative Internships for Hispanics in higher education are offered through the Hispanic Leadership Fellows Program funded by the Fund for the Improvement of Postsecondary Education. The federally funded project is sponsored by the New Jersey Department of Higher Education in cooperation with the Woodrow Wilson National Fellowship Foundation and the American Council on Education. The goal is to increase the number of qualified Hispanics who can move into the mainstream of higher education administration and therefore, become role models for colleagues and students. For information, contact: Narcisa A. Polonio Jones, Director, Office of Bilingual and International Education, New Jersey Department of Higher Education, 225 West State Street, CN 542, Trenton, NJ 08625; (609) 292-6835.

The American Nurses' Foundation will have applications available March 1 for grants for nurse researchers for a 12-month period beginning in October 1985.

(Continued on page 12)

PROFESSIONAL OPPORTUNITIES

The University of Puerto Rico is seeking qualified persons for faculty positions in the School of Nursing of the College of Health Related Professions, Medical Sciences Campus. Qualifications include an earned doctorate with a major in medical-surgical nursing, and experience in curriculum development and/or research. Some communication in Spanish is desirable. Send curriculum vita and a letter of application to Dr. Adelaida M. Sanavitis, Associate Dean and Director at School of Nursing, University of Puerto Rico, Box 5067, San Juan, Puerto Rico 00936.

The University of Nebraska College of Nursing has a graduate faculty position for January, 1985 or September, 1985 in psychiatric mental health nursing. Doctoral preparation preferred. Experience in teaching in baccalaureate or master's programs in nursing preferred. Contact: Sr. Patricia Miller, RN, Ph.D., Associate Dean, University of Nebraska College of Nursing, Graduate Nursing Program, 4111 Dewey Ave., Omaha, Nebraska 68105 (402) 559-4121.

Yale University School of Nursing has three positions open: In their Psychiatric-Mental Health Nursing Program, (1) A joint appointment between Connecticut MHC Outpatient Clinic and School of Nursing; and (2) A 9 month full-time teaching position in graduate program with opportunity to develop a psychogerontology concentration. Minimum of MSN in psychiatric-mental health nursing required with advanced clinical experience in area of joint appointment. Teaching experience required, graduate teaching preferred. Contact Sandra Talley, Chairperson, Psychiatric-Mental Health Nursing Program, Yale University School of Nursing, 855 Howard Avenue, P.O. Box 3333, New Haven, Connecticut 06510 (203) 785-2395.

In their program in Nursing Research, a 9 month appointment for a nurse researcher able to

develop and teach research courses for master's level students. Responsibilities also include thesis advisement, consultation with faculty, and seeking research funding. Opportunity to pursue individual research. Clinical specialization and doctorate required. Send vita to: Barbara Hazard Munro, Ph.D., RN, Chairperson, Program in Nursing Research, Yale University School of Nursing (see above address and phone).

University of Florida College of Nursing has a graduate faculty position opening in Gerontological Nursing Program. Develop curriculum and clinical sites, teach in classroom and clinical settings; conduct research. Qualifications: doctoral preparation preferred; clinical expertise in nursing the elderly, 5 years teaching experience, publications in referred journals. Send vita and 3 letters of reference to: Dr. Lois Malasanos, Dean, Box J-197, College of Nursing, University of Florida, Gainesville, Florida 32610.

Auburn University School of Nursing has faculty position opening to teach in a developing graduate program and to develop special projects. Doctoral degree required, with a master's in nursing. Send vita to: Dr. Kathryn Barnett, Dean, School of Nursing, Auburn University at Montgomery, Highway 80 East, Montgomery, Alabama 36193.

University of Washington School of Nursing has a tenure track faculty position opening in Department of Psychosocial Nursing. Earned doctorate required, master's in psychosocial nursing preferred. Clinical, teaching, and research competencies in substance abuse expected. Contact by Nov. 1, 1984: Vivian Wolf-Wilets, Chair, Department of Psychosocial Nursing, SC-76, University of Washington School of Nursing, Seattle, Washington 98195.

UCLA School of Nursing seeks faculty for baccalaureate and graduate degree programs in

maternal-child health, psychiatric mental health, gerontology, and other areas. Master's degree in clinical area with clinical teaching experience required; doctoral preparation and nursing research skills preferred. Contact: Dr. Mary E. Reres, Dean, School of Nursing, Center for the Health Sciences, University of California, Los Angeles, California 90024.

University of Alabama in Birmingham seeks nursing faculty in baccalaureate, master's and doctoral degree programs. Faculty appointments available in all clinical areas. Master's preparation required; doctoral preferred. Contact: Assistant Dean for Baccalaureate Program or Assistant Dean for Graduate Programs, School of Nursing, University of Alabama in Birmingham, University Station, Birmingham, Alabama 35294.

**Fellows In The News
from page 10**

was inducted into Phi Delta Kappa, the honorary education society, this year, and was also promoted to the rank of captain in the Army Nurse Reserve.

Yoshiko Sekito, Ed.D. R.N., Clinical fellow, had four articles published last year—among them an article entitled, "Utilization of Research for Practice," which appeared in *Nursing*, 35 (9).

1982-1983 Fellows

Linda D. Oakley, Clinical fellow at the University of Washington, offered advice to neophyte nurses in the October 1983 issue of *The American Nurse*. She was the only student of the eight nurses interviewed in the article. **Bess Stewart**, Clinical fellow and nursing major at the University of Texas at Austin, served as vice chairperson of the executive committee of the ANA Council on Intercultural Nursing.

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Fellowship

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Fall 1984

Fellows In The News from page 11

1983-1984 Fellows

Constance Nakao, Research fellow in educational psychology at the University of Washington, presented several papers last year, including "Community Health Care Networks for High Priority Infants" before an October meeting of the Washington State Public Health Association.

Fellowship and Research Opportunities/from page 10

The extramural grants program is open to registered nurses with proposals in many areas of nursing research. Research proposals not eligible are those conducted as part of a master's thesis or doctoral dissertation research. The maximum grant amount is \$2,500. The application deadline is July 1, 1985. For information, contact: The American Nurses' Foundation, 2420 Pershing Road, Kansas City, Missouri 64108.

ETHNIC/RACIAL MINORITY FELLOWSHIP PROGRAMS

Office Telephone: 816/474-5720 or 202/789-1334

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AMERICAN NURSES' ASSOCIATION

FELLOWSHIP

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GLORIA SMITH APPOINTED COMMISSIONER OF PUBLIC HEALTH



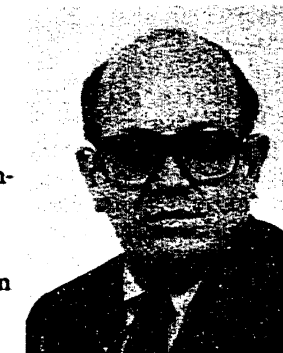
Gloria Smith, Ph.D.,
F.A.A.N.

Gloria Smith, Ph.D., F.A.A.N., who has served on the Advisory Committee for the Ethnic/Racial Minority Fellowship Programs for many years, was recently appointed director of the Michigan Department of Public Health, by Governor Jim Blanchard. It is the first time in the state's history that a nurse or a minority person has been appointed director of a state agency.

As of March 1, Dr. Smith will direct one of the state's largest agencies, which oversees development and regulation of health care facilities, agencies, and providers, and protects against environmental health hazards.

Dr. Smith leaves a ten-year appointment as dean of the College of Nursing of the University of Oklahoma at Oklahoma City. Her contributions to nursing and nursing education have been recognized through the many honors which have been bestowed upon her in her long nursing career. Among her many honors, she has been named as Outstanding Educator of America, and as Nurse of the Year by the Oklahoma State Nurses' Association, and has been identified in *Community Leaders and Noteworthy Americans* and in *Leaders in Education*. She has served on advisory boards of nearly every major nursing organization, such as the American Nurses' Association (Commission on Nursing Education), the National League for Nursing (Board of Directors), National Student Nurses Association (Project Breakthrough), National Black Nurses' Association (Board of Directors), and the American Association of Colleges of Nursing (Executive Committee). Her consultations have ranged internationally, as well as nation-wide. Last spring she was appointed as a member of a Nursing Consultant Team sent to Nigeria, through bilateral agreement between Nigeria and the United States. Since 1977 she has served on the Special Projects Review Committee (DHHS) and also serves on the HRA Geriatric Curriculum Grant Review Committee.

HECTOR GONZALEZ ELECTED NAHN PRESIDENT



Hector Gonzalez, Ph.D.

Hector Gonzalez, Ph.D., R.N., the newest member of the Advisory Committee, was elected president of the National Association of Hispanic Nurses at their third biennial conference in San Antonio, Texas, last September. Dr. Gonzalez will serve a two-year term as president of this national organization representing Hispanic nurses. He succeeds Berta Mejia, ANA Research fellow, in this office.

Dr. Gonzalez is professor and chairman of the Department of Nursing Education at San Antonio College. He is widely known for his expertise in the delivery of psychiatric nursing services and education, especially pertaining to Hispanics, and is a much sought after speaker and consultant. He is a member of the Advisory Board for the Interdisciplinary Minority Mental Health Core Curriculum Development Project at Howard University. Dr. Gonzalez has also consulted for the Division of Nursing, Bureau of Health Manpower, and the Psychiatric Nursing Education Branch at NIMH.

He has been active in nursing organizations on national, state, and local levels. He served on the Board of Directors for the National League for Nursing for nine years, and currently is an accreditation visitor for the NLN Council of Associate Degree Programs. Dr. Gonzalez also chaired the ANA Men Nurses Caucus for five years, and has served on committees and as a delegate for the Texas Nurses Association.

His honors are too numerous to list; among them, he has been acknowledged in *Who's Who Among Hispanic Americans* and in *Who's Who in Health Care*. The estimated 16,000 RNs in this country of Hispanic background can look to Dr. Gonzalez for leadership as he heads the NAHN.

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GRADUATES PRESENT RESEARCH AT ANA CONVENTION

The largest group of MFP graduates to present their dissertation research findings at an ANA Convention were featured last summer in a two-day program entitled "Future Nurse Researchers." The sixteen alumnae who spoke before a capacity audience at the Sheraton Washington Hotel in Washington, D.C. had received their doctorates since the last ANA convention in 1980. The program was moderated by four members of the advisory committee: Elizabeth Carnegie, D.P.A., F.A.A.N., Hazle Blakeney, Ed.D., Faye Gary-Harris, Ed.D., F.A.A.N., and Kem Louie.

The fellows' presentations were enthusiastically received, and there were many requests for abstracts. Some of the fellows came from overseas in order to present their research. **Nayantara Upreti, Ph.D.**, flew in from Bangladesh, where she is stationed as a senior nurse educator for the World Health Organization. **Janet Wang, Ph.D.**, cut short a trip to Taiwan, where she was collecting data for on-going research. The fellows and their presentation topics were as follows: **Willa Doswell, Ph.D.**, "Physiology and Behavior: An Investigation of the Relation between Race, Repression-Sensitization and

Systolic Blood Pressure Response in Female Registered Nurses;" **Nayantara Upreti, Ph.D.**, "Nurses' Role in Assessment and Implementation of the Child Bearing and Rearing Rituals in Kathmandu, Nepal;" **Johnella Banks, D.N.Sc.**, "The Effects of Relaxation Training and Biofeedback on the Weight of Black, Obese Clients;" **Luisa DeChamorro, Ph.D.**, "A Study of Puerto Rican Families of Low Socio-economic Status, With and Without Identified Mentally Ill Member;" **Beverly Malone, Ph.D.**, "The Relationship of Black Female Administrators' Mentoring Experiences and Career Satisfaction;" **Alma Lowery-Palmer, Ph.D.**, "Yoruba World View and Compliance Behavior;" **Dorothy Lanuza, Ph.D.**, "Psychoendocrine Response to Pacemaker Implantation;" **Janet Wang, Ph.D.**, "Transcultural Nursing and Fertility Research: A Fulbright Report;" **Barbara Logan, Ph.D.**, F.A.A.N., "Effects of Service and Educational Constraints on The Allocation of Clients to Treatment in a Community Mental Health Center;" **Elizabeth Choi, Ph.D.**, "Mother-Infant Interactions Among Korean and American Mothers;" **Delois Skipwith, D.S.N.**, "Determinants of

Satisfaction and Dissatisfaction During Retirement and the Relationship Among Life Satisfaction, Self-Concept and Health in Black Retirees;" **Frieda Butler, Ph.D.**, "Diabetic Compliance and the Elderly Black Female;" **Gloria Jo Floyd, Ph.D.**, "Meaning in Life and the Mexican American Nurse's Mood State;" **Mary Allen, Ph.D.**, "Selected Dimensions of Coping Behavior in Black Female College Freshmen;" **Ruth Stephens, Ph.D.**, "Variation in Coping Styles in Relation to Perceived Socialization Practices in Black and White Students in Degree Nursing Programs;" and **Maggie Gilead, Ph.D.**, "Reynoldstown: A Search for Community." Illness prevented **Milagros Muñoz, Ph.D.**, from presenting her research on "Racial Attitude—Can It Predict Social Behavior in Young Children?"

As can be seen from the variety of topics above, the graduates' presentations composed a well-rounded program on the applications of nursing and behavioral science research for mental health issues for ethnic persons of color. These abstracts will be printed in a monograph this spring. (see page 3).

MFP COSPONSORS CULTURAL DIVERSITY PANEL

A panel discussion on "Cultural Diversity in America: Implications for Selected Populations" was cosponsored by the MFP and the Cabinet on Human Rights at the ANA Convention last June. Four nurse researchers spoke on historical, demographic, and socioeconomic perspectives of their respective ethnic groups, as follows: **Audrey Koertvelyessy, M.S.**, associate professor of nursing, Ohio University at Athens, on "Cultural Diversity in America: An American Indian Perspective;" **Jean Lum, Ph.D.**, F.A.A.N., professor of nursing, University of Hawaii at Manoa,

on "Asian Americans in the United States;" **Carmen Diaz Janosov, M.A.**, associate professor of nursing, University of Puerto Rico at Mayaguez, on "Cultural Diversity in America: Implications for Selected Populations, The Hispanic American;" and **Juanita Fleming, Ph.D.**, F.A.A.N., assistant dean for graduate education, and director of graduate studies for the College of Nursing, University of Kentucky at Lexington, on "A Black Perspective With Selective Comments on Health."

Gloria Smith, Ph.D., F.A.A.N., MFP Advisory Committee member, and **Marian Whiteside, M.P.H.**, chairperson of the Commission (now Cabinet) on Human Rights, were co-moderators for the panel discussion. The scholastic content of the presentations received well-deserved recognition from the audience of nearly 300. Continuing education credit was offered for the two-hour program. The papers presented will be published this spring in a monograph by the same title as the program. (see page 3).

NEW MFP FELLOWS FOR 1982-83

Twelve nurses were approved by the Advisory Committee in a meeting last April to become recipients of Minority Fellowship Program awards for the 1982-83 school year. With the addition of the five new Clinical fellows, the Clinical Fellowship Program has funded 49 doctoral students since its inception in 1977. The seven new Research fellows brought the total to 55 doctoral students funded by the Registered Nurse Fellowship Program since 1975.

The names and schools of the newly funded fellows are shown below:

1982-83 CLINICAL FELLOWS



Richardean Campbell
University of Texas
Austin, TX



Cynthia Capers
University of
Pennsylvania
Philadelphia, PA



Rebecca Kang
University of
Washington
Seattle, WA



Linda Oakley
University of
Washington
Seattle, WA



Bess Stewart
University of Texas
Austin, TX

1982-83 RESEARCH FELLOWS



Lee-Nah Hau
Harvard University
Boston, MA



Dianne Ishida
University of Hawaii
Honolulu, HI



Genevieve Kinney
Union Grad. Sch. West
San Francisco, CA



Berta Mejia
Cornell University
Ithaca, N.Y.



Catalina Quesada
Caribbean Cntr.
for Adv. Studies
Santurce, PR



Leonor Rubianes
Caribbean Cntr.
for Adv. Studies
Santurce, PR

MFP TO PUBLISH 3 MONOGRAPHS

Three new publications will be available from the Minority Fellowship Programs in May 1983. The second volume of the first project monograph, *Future Nurse Researchers*, will provide an overview of the two fellowship programs, including a section profiling the students admitted up to 1982 and a chapter providing statistical information on the programs.

The dissertation abstracts of Research and Clinical fellows will be assembled into another monograph entitled, *Nurse Researchers: Selected Abstracts*. Fellows who completed their doctoral programs before June 1982 were requested to indicate their preference for inclusion in this publication. Students graduating after this date will have the opportunity to have their abstracts published in the second volume of this monograph.

The four papers presented in a panel presentation cosponsored by the MFP at the 1982 ANA convention (see page 2) will be published in the third monograph, *Cultural Diversity in America: Implications for Selected Populations*. For those who missed these scholarly presentations, all four papers will be printed in their entirety.

The publication of the three monographs is funded by the Center for Minority Group Mental Health Programs, National Institute of Mental Health, Grant Nos. 2T01 MH15155 and 5T32 MH13923. They will be available free-of-charge, although production of each publication will be limited.

FIVE MFP FELLOWS SERVE AS LEGISLATIVE INTERNS

The fellowship programs sponsored the sixth annual legislative internship program in Washington, D.C. last June and July. The names and internship assignments of the five fellows who participated were as follows:

Priscilla Butts worked under **Vernice Ferguson**, Deputy Assistant Chief Medical Director of Nursing Programs, of the Veterans Administration Central Office. Butts is a Clinical fellow in the nursing research doctoral program at New York University.

Mamie Montague interned in the office of the Deputy Surgeon General and Chief Nurse of the U.S. Public Health Service, **Dr. Faye G. Abdellah**. Montague, a Clinical fellow, is studying administration, supervision, and curriculum education communication at the University of Maryland at College Park.

Loretta Myers, Ph.D., worked at ANA's Division of Government and Legislative Affairs under the supervision of **Rose Boroch**. Myers received her Ph.D. in Educational Policy and Management/Anthropology at the University of Oregon at Eugene.

Bernadette Pang, a Clinical fellow majoring in adult education at Oregon State University, interned in the office of Senator **Daniel K. Inouye** of Hawaii, which is Pang's home state.

Yoshiko Sekito, Ed.D., was an intern for the Washington Counsel/Medicine and Health, a health care lobbying and consulting firm. She reported to the president, **Harley Dirks**. Sekito is a recent graduate of Teachers College (see page 5).

The fellows had two weekly seminars—one with the director of the MFP and a guest speaker at the project office, and one with **Dr. Patrick DeLeon**, executive assistant to Senator Inouye. **Dr. DeLeon** arranged for the interns to meet with **Dr. William Mayer**, administrator of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), and **Dr. Herbert Pardes**, director of NIMH. The fellows were given an update on the appointment

of nurses to ADAMHA advisory board positions.

Apart from the group activities, each intern was busy with individual assignments as well. Montague made recommendations for streamlining certain DHHS procedures for the survey and certification of health care facilities for Medicare and Medicaid. Montague and Butts attended a meeting of the federal chief nurses during which was discussed current mandatory licensure for RNs in federal services and the utilization of LPNs.

Pang contacted senators to co-sponsor a Senate judiciary resolution (188) sponsored by Senator Inouye to establish March 1, 1983, as a National Recovery Room Nurses' Day. Another assignment was heading a task force to study the feasibility of a Senate child care center. In addition to the initial research conducted for this project, she wrote and distributed surveys throughout both Senate buildings, and analyzed results of the survey. Both Pang and Dr. Myers met with Senator Mark Hatfield of Oregon,

chair of the Senate Appropriations Committee, to express appreciation for the approved \$1 million funding of monies for nursing research. Senator Inouye was also most instrumental in gathering support for the funding.

Myers wrote a report analyzing CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) proposed rules for residential treatment centers. She also contacted SNAS to lobby for their support of the Baucus amendment (opposing higher payments for the elderly) and the Senate Finance Committee's reconciliation of H.R. 4961.

Butts researched and wrote a report on a bill, H.R. 6350, which would promote recruitment and retention of VA nurses. She co-authored a paper on the compressed work week and the VA scholarship program for presentation to Congressman **Montgomery (D-MS)**, Chairman of the House Committee on Veterans Affairs, justifying the inclusion of this section in H.R. 6350.

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1982 Legislative Interns pictured with Senator Daniel K. Inouye of Hawaii at a reception held in their honor. From left, Dr. H. Bessent, Dr. Yoshiko Sekito, Sen. Daniel Inouye, Bernadette Pang, Dr. Loretta Myers, and Priscilla Butts (Mamie Montague not present).

FIFTEEN FELLOWS EARN DOCTORATES

The number of MFP fellows who have completed their doctoral programs was raised to 45 this winter, with the graduation of 15 fellows over the past year. Thirty-one of these minority nurses were funded by the Registered Nurse Fellowship Program, and 14 were funded by the Clinical Fellowship Program. These graduates represent nearly half of the 104 nurses who have been funded by the fellowship programs since 1975.

The fifteen new graduates are as follows:

Marguerite Dixon (1978-79 Clinical fellow) earned a Ph.D. in psychiatric-mental health nursing from the University of Illinois—Chicago last summer. Her dissertation examined "Afro-American Family Environments, Help-Seeking Behavior and Adolescent Mental Health." She is now assistant professor of psychiatric nursing at her alma mater. **Dr. Dixon** presented a paper on "Adolescent Clients and Nonclients: Their Family Environments and Help-Seeking Behaviors" to the Far Southwest Mental Health Council (Chicago) last November.

Frances Gaskin (1975-76 Research fellow) received a Ph.D. in curriculum and teaching from Fordham University last June. Her dissertation was entitled "Comparison of Tightly Structured and Loosely Structured Training Programs on Black Skin Care for Nurses." **Dr. Gaskin** is a program associate for the Regions External Degrees Program, Cultural Education Center, State University of New York—Albany. She presented her findings on "Dark Skin: Detection of Color Changes in Darkskinned Persons in Health/Illness" on WNYT—Channel 13.

Armentha Hill (1977-78 Research fellow) successfully defended her dissertation last May at Texas Woman's University on "Motivation Interaction with Adolescent Sickle Cell Anemia Patients." She received her Ph.D. in psychiatric nursing and is teaching psychiatric nursing as assistant professor in the School of Nursing at the University of Texas—Arlington.

Janice Penn (1978-79 Clinical fellow) also completed her doctoral program in psychiatric nursing at Texas Woman's University last spring. She wrote her dissertation

on "Assertive Behavior and Depression among Native American Nursing Students and Native American Nurses." **Dr. Penn** is an assistant professor in the family nursing graduate program at the University of Texas—Arlington.

Virginia Hunter (1977-78 Research fellow) graduated from the University of California—Los Angeles last June with a Ph.D. in educational psychology/early childhood and developmental studies. Her dissertation looked at "The Impact of Parenthood on The Psychosocial Adjustment and Mental Health of Black Adolescent Mothers Using Two Alternative Forms of Child Care." She was given a Distinguished Alumnus Award by California State University—Los Angeles, where she is currently chairperson of the Department of Nursing.

Beryl Jackson (1979-80 Clinical fellow) completed her doctoral

program in psychiatric—mental health nursing last summer at the University of Pittsburgh. She wrote her dissertation on "Life Satisfaction of Black Climacteric Women in Relation to Specific Life Events." She is assistant professor in the School of Nursing at the University of Pittsburgh.

Magelende McBride (1979-80 Clinical Fellow) recently completed her Ph.D. program in clinical nursing research at the University of Michigan—Ann Arbor. Her interest in gerontology led her to examine the "Neurophysiology of the Peripheral Taste System in Aged Rats and Implications for Food Intake in Elderly Humans" for her dissertation.

Marlene Mitchell (1976-77 Research fellow) became the third MFP fellow to graduate from Emory University. She received her Ph.D. from the Graduate Institute of Liberal Arts, and wrote her dissertation on "A Study of Children of Women Prisoners." She is assistant professor of family community health nursing and director of the Correctional Health Program, at the Nell Hodgson Woodruff School of Nursing at Emory University. **Carmen Ramirez** (1977-78 Research fellow) received a Ph.D. in education, guidance and counseling in 1981 from the University of Oregon—Eugene. Her dissertation was entitled "A Study of the Value Orientation of Lane County, Oregon, Mexican American Mothers with a Special Focus on Family/School Relationships." She is now with the School of Medicine at St. George's University in Grenada, West Indies.

Yoshiko Sekito (1981-83 Clinical fellow) received her Ed.D. in health education from Teachers College last summer. She wrote her dissertation on "Mental Health Aspects of Post-Mastectomy Recovery: Factors and Conditions Affecting the Amount of Help Mastectomy Patients Perceived Receiving from Reach to Recovery Group for Post-Mastectomy Rehabilitation." **Dr. Sekito** has returned to Japan to teach in the School for Graduate Nurses of the Japanese Nurses' Association. She has written an article on "Nursing Responsibilities in Self-Care Education: Trends and Scope," which appeared in the April 1983 issue of the

(Continued on page 9)

IN MEMORIAM:

FREDDIE JOHNSON,
FIRST MFP GRADUATE

Freddie Johnson, Ph.D., first graduate of the Registered Nurse Fellowship Program, died November 3. She was an associate professor and assistant director of research at the University of Nebraska College of Nursing in Omaha. A memorial scholarship fund has been established in her name at the College of Nursing. If you wish to donate to this fund, please send contributions to The Freddie Johnson Memorial Fund, c/o Mr. Van Johnson, 4101 Paxton Blvd., Omaha, NE 68111.

Dr. Johnson was accepted in the first group of fellows funded by the RNFP in 1975, and received her Ph.D. in adult and continuing education in 1976 from the University of Nebraska at Lincoln. Her dissertation research investigated "Residents' Perception of Territorial Rights in Two Homes for the Elderly: An Exploratory Study," and she continued her research emphasis in the area of the nursing care of the minority elderly.

At a reception held for the 1982 ANA legislative interns this summer, **Dr. Johnson** presented **Mary Harper, Ph.D., F.A.A.N.**, first project officer of the fellowship programs, with an honorary plaque, on behalf of the fellows, advisory committee, and staff of the Minority Fellowship Programs.

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Newsletter

FELLOWS IN THE NEWS

1976-1977 Fellows

Cheryl Killion is conducting her dissertation in Belize, Central America (formerly British Honduras), as a Research fellow majoring in anthropology at the University of California at Los Angeles. She is focusing on the Creole population and parental perceptions in handling of mental retardation.

Lattice McKoy, Research fellow at the University of Maryland at College Park in human development, has written a book entitled *Moments of Pride, Passion, Prejudice, and Spirituality* (C. H. Fairfax Company, 1983).

1977-1978 Fellows

Nora Aquino, Research fellow, and **J. McCloskey** authored a paper, "A Comparison of Job Effectiveness of Foreign Nurse Graduates and U.S. Nurse Graduates," which was presented at the Research in Nursing Conference, sponsored by The University of California at San Francisco in January 1983. She gave birth to a baby girl, Kristin Fe, on September 25, 1982. Ms. Aquino is working on her dissertation as a doctoral candidate in higher education at the University of Chicago.

1978-1979 Fellows

Lillian Wade, Clinical fellow, presented a two-day workshop at D.C. General Hospital last May on "Caring for Patients with Alteration in Behavior." Ms. Wade is a doctoral candidate at Catholic University of America in psychiatric nursing. **Coralease Ruff**, Clinical fellow, is a research associate on a research project investigating urinary incontinence for an epidemiology and medical care unit in a hospital in Middlesex, England. She presented a paper on "Maternal Behavior in Adolescent Mothers" at The Royal College of Nursing Research Conference in March 1983, in London. Ms. Ruff was on leave as a doctoral student in nursing at Catholic University.

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SPOTLIGHT ON ADVISORY COMMITTEE

Dr. Elizabeth Carnegie, Advisory Committee chairperson, spoke at the dedication ceremonies of a new Nursing and Allied Health Building, at Florida A & M University in Tallahassee, in March 1983. Formerly the dean of the School of Nursing at that institution, she directed the first baccalaureate nursing program in the state of Florida.

Dr. Hazle Blakeney, Advisory Committee co-chairperson, represented the American Nurses' Association, at a meeting in January 1983 of professional health care and medical organizations, sponsored by the American Association for the Advancement of Science. The representatives gathered to speak about human rights—specifically, what courses of action the organizations can take when their members are being persecuted in other countries.

Dr. Ethelrine Shaw was appointed by the ANA Nominating Committee to serve as chairperson of the committee on the Hall of Fame. She presently serves on the Committee on Finance for the ANA Board of Directors. Dr. Shaw and her fiancé, the Reverend Nickerson, will be married on June 18, 1983, in Lincoln Heights, Ohio.

Ruth Perez has been nominated for "Woman of the Year" by the Association of Physicians' Wives of the Medical Association in Puerto Rico. Ms. Perez is a member of the Professional Services Committee for the International Council of Nurses.

Dr. Faye Gary-Harris is a finalist for the Academic Administrative Fellows program sponsored by the American Council on Education. She represented the Minority Fellowship Programs at the annual meeting of the

American Indian/Alaska Native Nurses' Association (AIANNA) last spring.

Martha Primeaux was inducted as a fellow into the American Academy of Nursing last September. She was also the keynote speaker at the annual AIANNA meeting last spring. She was recently appointed to serve on the Committee on the Mary Mahoney Award. Ms. Primeaux is a Research fellow completing her doctoral program in nursing, human relations, and education at the University of Oklahoma at Norman.

Kem Louie, Research fellow, will present a paper this April on "Health Needs of the Asian-American Patient" at the annual convention of the National Student Nurses' Association in Baltimore. Ms. Louie is a doctoral student in nursing research at New York University.

1979-1980 Fellows

Bettye Story, Clinical fellow, was elected to the Nominating Committee of the Division on Psychiatric and Mental Health Nursing Practice at the 1982 ANA Convention. Ms. Story is a doctoral nursing student at Ohio State University. **Susana Juarez**, Clinical fellow, was honored by the Austin chapter of the Mexican American Business and Professional Women's Association as the Outstanding Mexican American Woman in the area of health. Ms. Juarez is a doctoral nursing student at Texas Woman's University.

1980-1981 Fellows

Lorene Farris, Research fellow, has been included in a 1982 publication, *Ohayo One Thousand*, which identifies Indian women in professional fields. She is a doctoral candidate in educational leadership and instruction at the University of Miami. **Cornelia P. Porter**, Clinical fellow in nursing at the University of Arizona, presented a paper on "The Socialization of Children: Impact on Self-Esteem" at the Third Annual National Forum for Doctoral Students in Nursing, sponsored by Rush University, College of Nursing, last September. Her article entitled, "Equal Opportunity Ideology: The Necessity for Distinct Critique Criteria," has been accepted for publication in the Western Journal of Nursing Research.

1981-1982 Fellows

Priscilla Butts, Clinical fellow, had two articles published last year: "Dissemination of Nursing Research Findings" in *Image* 14 (2), June 1982 and (with co-author, Judith Vadurro), "Reducing Anxiety and Pain of Childbirth Through Hypnosis" in the *American Journal of Nursing*, April 1982. Ms. Butts, a doctoral student in nursing research at New York University, presented a paper on "Congenital Abnormalities" before the Second Annual Congress of the National Association of Orthopedic Nurses last May. **Mamie Montague** has written a chapter in a book entitled *Care of Neurological Patients: A Nursing Perspective* to be published in February 1983. Ms. Montague, a Clinical fellow in administration, supervision, and curriculum at the University of Maryland-College Park, was recently selected as chief nurse of the 309th Medical Group, USAR, Rockville, Maryland. **Georgia Karine Crow**, a Clinical fellow majoring in transcultural nursing at the University of Utah, presented a number of papers over the past year. The most recent was "Successful Collaboration Between Nursing Administrators and Researchers Results in Culturally Relevant Continuing Education" at a conference on "Expanding Our Networks: A Link to Quality Nursing Care," cosponsored by the ANA Council on Continuing Education, Council on Nursing Administration, Council on Intercultural Nursing, and Council of Nurse Researchers, held in San Francisco last October.

1982-1983 Fellows

Berta Mejia, Research fellow, was recently elected to the Board of Directors of the National Association of Hispanic Nurses. Ms. Mejia, who was the immediate past president of the NAHN, is a doctoral student in child developmental psychology at Cornell University. **Cynthia Capers**, Clinical fellow, presented a paper on "Entry into Practice: An Educational Model" to the Committee on Education of the Pennsylvania Nurses Association (Philadelphia district). She is currently a doctoral candidate in psychiatric and mental health nursing at the University of Pennsylvania. **Dianne Ishida**, a Research fellow majoring in anthropology at the University of Hawaii, was elected as treasurer of the state Sigma Theta Tau's executive board.

Catalina Quesada, a Research fellow in clinical psychology of aging at the Caribbean Center for Advanced Studies, became the first gerontological nurse in Puerto Rico to be certified by ANA last May. **Genevieve Kinney**, a Research fellow, was recently given a \$1,000 scholarship from the Margaret Jones Memorial fund of the Hawaii Nurses Association (Honolulu). Ms. Kinney is studying for her doctorate in mental health nursing/aboriginal health at Union Graduate School West. **Bess Stewart**, a Clinical fellow at the University of Texas-Austin in psychiatric-mental health nursing, is vice chairperson of the executive committee of the ANA Council on Intercultural Nursing.

FELLOWSHIP OPPORTUNITIES

Postdoctoral fellowships available in two areas at the University of Pennsylvania, School of Nursing. One candidate is to work with investigators on studying effects of maternal nutrition on pregnancy and neonatal outcomes or improved models of cost-effective health care services to high-risk childbearing families. The other candidate is to work with investigators studying psychological responses of arthritic patients to their illness. With aid of sponsor, the selected candidate will prepare a post-doctoral fellowship application to go to the Division of Nursing. For further information, contact either **Dr. Dorothy Brooten** (obstetrical nursing) or **Dr. Barbara Lowery** (psychiatric nursing), School of Nursing, University of Pennsylvania, Philadelphia, Pennsylvania 19104.

The American Nurses' Foundation will have applications

available March 1 for grants for nurse researchers for a 12-month period beginning in October 1983. The extramural grants program is open to registered nurses with proposals in the areas of peri-operative nursing, nursing administration, and clinical nursing (although grants are available in other areas as well). Research proposals not eligible are those conducted as part of a master's thesis or doctoral dissertation research. The American Society for Nursing Service Administrators of the American Hospital Association also sponsors a scholar who shall be a practicing nurse executive conducting research to improve the field of nursing administration. The maximum grant amount is \$2,100. The application deadline is July 1, 1983. Applications are available from the American Nurses' Foundation, 2420 Pershing Road, Kansas City, Missouri 64108.

Postdoctoral fellowships in personality and social psychology are available for Ph.D.'s who have either (1) training and experience in traditional areas of psychology but could benefit from additional applied training and experience in health, or (2) training and experience in mental health but desire basic theoretical and research training in health. Appointments are 1-2 years, with annual stipends ranging from \$10,000 to \$13,200 (subject to payback provisions of the National Research Service Awards). Send transcripts, curriculum vitae, at least three references, and a statement of relevant research interests and educational objectives to **Professor Bertram H. Raven, Postdoctoral Training Program in Personality and Social Psychology, Department of Psychology, University of California-Los Angeles, Los Angeles, California 90024.**

LEADERSHIP GRANT SUBMITTED BY MFP

The ANA Minority Fellowship Programs recently submitted a grant proposal entitled, "Leadership Development for Minority Nurses" to the Comprehensive Program, The Fund for the Improvement of Postsecondary Education (FIPSE), under the U.S. Department of Education. **Dr. Hattie Bessent**, proposed project director, was invited to submit the final proposal on the basis of a preliminary proposal submitted in December. Only 350 applicants were invited to submit the final proposal out of 2291 preliminary proposals received.

Briefly, the grant proposes to develop and implement a leadership development project for selected

MFP fellows. The participants would attend two weekend seminars in the first year which focus on the following topics: time management and setting organizational priorities, mentoring and network building, assertiveness training, and practical management skills and techniques. Upon successful completion of the seminars, each participant would then serve administrative apprenticeships under selected mentors in health/medical settings in the second year to gain "hands-on" experience in the above content areas. Job placement at managerial levels for the seminar participants will be implemented.

The grant addresses the very real

need for leadership training in nursing, and is particularly appropriate for the MFP fellows who have the proper academic credentials for managerial/leadership positions, i.e. a doctoral education, but are lacking in practical experience in management skills. The proposed training represents the next logical step in increasing the number of competent minority nurse researchers, educators, and administrators. Additionally, the resulting program for leadership development of minority women could be replicated and used in schools of nursing and other institutions.

FIFTEEN FELLOWS EARN DOCTORATES (Continued from page 5)

Japanese Journal of Nursing Arts. **Linda Saylor-Goffaux** (1976-77 Research fellow) completed her doctoral program in counseling/psychology at the University of Utah in Salt Lake City. Her dissertation was written on egocentrism and self-concept of young children of Hispanic and non-Hispanic origin. She is currently teaching in the Department of Psychology at California State University at Sacramento.

Marilyn Chow (1978-79 Clinical fellow) received a doctor of nursing science degree in community mental health nursing from the University of California at San Francisco. Her dissertation title was, "The Psychodynamics of Ethnic Minority and Public Representation on Healing Arts Licensing Boards in California." She is associate executive director of the California Nurses' Association.

Three fellows recently defended their dissertations and will receive their doctorates in June. They were as follows:

Wei Wei Huang (1981-82 Clinical fellow), who will become the second fellow to earn an Ed.D. (in nursing education) from Teachers College. Her dissertation was written on, "Attitudes Toward Death Among Nurses, Physicians, Elementary School Teachers, and Professors in Taiwan, Republic of China." **Betty Story** (1979-80 Clinical fellow) will receive a Ph.D. in Nursing and Special Services from the Ohio State University after having successfully defended her dissertation on "A Comparison of Self-Esteem in Older Adults in Age-Segregated and Age-Integrated Housing." She is presently acting chief of nursing service for the VA Outpatient Clinics in Columbus, Ohio.

Coralease Ruff (1978-79 Clinical fellow) returned to the United States from England (see page 6) to defend her dissertation on "A Study of the Relationship between Self-Esteem, Maternal Perception of the Infant, and Maternal Behavior in Unmarried Adolescent Mothers." She will receive a D.N.Sc. degree in psychiatric-mental health nursing from the Catholic University of America.

Other graduates in the news include: **Barbara Logan, Ph.D.,**

F.A.A.N., who is on sabbatical leave from the University of Illinois—Chicago to study with **Lewis King**, director of the Fanon Research and Development Center of the Drew Postgraduate Medical School in Inglewood, California ... **Ora Strickland, Ph.D., F.A.A.N.,** was re-elected to the Cabinet on Nursing Research at the ANA convention. She presented the closing address at the 2nd Annual Research Conference of the Southern Council of Collegiate Education in Nursing ... **Willa Doswell, Ph.D.,** is a member of the Program Planning Committee for the ANA Council of Nurse Researchers.

Dr. Doswell and her husband recently adopted a baby girl, **Erica Luisa DeChamorro, Ph.D.,** was recently elected as vice president of the National Association of Hispanic Nurses at their meeting last September ... **Ruth Stephens, Ph.D.** was appointed as chairperson and professor of the Department of Baccalaureate Nursing at Alcorn State University, Natchez, Mississippi ... **Mary Allen, Ph.D.,** was appointed to the Alcoholism Advisory Council for the Department of Mental Health, State of Oklahoma ... **Inez Tuck, Ph.D.** gave birth to twin girls on January 11, 1982, and is currently on leave from teaching duties at the University of North Carolina—Chapel Hill School of Nursing ... **Beryl Jackson, Ph.D.** presented a paper on the findings of her dissertation (see page 5) for the annual Research Day of the Eta chapter of Sigma Theta Tau this March in Pittsburgh ...

Milagros Munoz, Ph.D. co-authored an article on "Minor Physical Anomalies, Footprints, and Behavior: Was Buddha Right?" in *Perceptual and Motor Skills*, 54, 1982, 455-459 ... **Alma Lowery-Palmer, Ph.D.** presented a paper on "They Spoke in Tongues: A Study in the Acquisition of Language Skills and Verbal Behavior of Black Children" at the National Council for Black Studies 6th Annual Conference in Chicago last March ... **Retha Wellons, Ph.D.** will present a paper on "The Job Characteristic Approach to Work Design for Health Care Practitioners" at the 2nd National Conference on Nursing

Administration Research, to be held April 7 and 8, 1983, at the Medical College of Virginia, Virginia Commonwealth University ... **Gaynell Walker-Burt, Ph.D.** has been appointed Deputy Director, Office of Resource Development, for the Michigan Department of Mental Health, in Lansing ... **Loretta Myers, Ph.D.** has had her dissertation study published in a series on nursing management. The book is entitled, *The Socialization of Neophyte Nurses, Studies in Nursing Management, No. 1* (eds. Philip and Beatrice Kalish, Ann Arbor, MI: UMI Research Press), 1982 ... **Margie Johnson, Ph.D.,** and **Margaret Beard, Ph.D.,** have collaborated on a number of research projects recently. They are principal investigator and co-investigator, respectively, of an institutional research grant awarded for \$5,500 to study "Coronary Risk Factors and Interpersonal Trust in a Black Community" (both are on faculty at Texas Woman's University). Drs. Beard and Johnson also presented a workshop on "Assertiveness in Nursing Practice" at Flow Memorial Hospital, Denton, Texas, last November. Dr. Johnson also was part of the Nursing Consultant Team which was sent to Nigeria last April (see Smith, page one). Dr. Beard has been appointed to the Legislative Action Subcommittee of the ANA Cabinet on Nursing Research and the Council of Nurse Researchers ... **Frieda Butler, Ph.D.** and **Johnella Banks, D.N.Sc.** are accreditation visitors for the National League for Nursing. Dr. Banks recently authored an article which appeared in the February, 1983 issue of the *Journal of Nursing Education*, entitled, "Use of a Day Care Center for Implementing Primary Prevention by Basic Nursing Program" ... **Gloria Jo Floyd, Ph.D.** has been selected as a Regional Finalist for the 1983-1984 White House Fellowship Program.

Materials in the Fellowship newsletter represent the point of view of individual contributors and do not necessarily reflect the official policies of ANA.

#102
Selected
Nursing

CONFERENCE CALENDAR

June 1-4, 1983
National League for Nursing
Biennial Convention,
"Take the Lead—Get the Spirit"
Philadelphia Civic Center
Philadelphia, PA
Contact:
National League for Nursing
Convention and Meeting
Services Department
10 Columbus Circle
New York, N.Y. 10019

August 1983
Transcultural Nursing Symposium: 11th International Congress of Anthropological and Ethnological Sciences
Quebec, Canada
Contact:
Mary C. Sobralske, M.S.N., R.N.
Chairperson, Transcultural Nursing Program
P.O. Box 1509
Browning, MT 59417

September 15-16, 1983
ANA Cabinet on Human Rights Annual Meeting
ANA Headquarters,
Kansas City, MO
Contact:
Karen Tucker
Governance Support Services
American Nurses Association
2420 Pershing Road
Kansas City, MO 64108

October 6-9, 1983
National Black Nurses' Association 11th National Institute & Conference
Detroit Plaza Hotel
Detroit, MI
Contact:
NBNA
P.O. Box 18358
Boston, MA 02118

November 3-6, 1983
ANA Councils Conference, "New Knowledge for Nursing Practice"
Denver Marriott Hotel
Denver, CO
Contact:
Irma Strong
Council Services
American Nurses' Association
2420 Pershing Road
Kansas City, MO 64108

ATTENTION—MFP GRADUATES!

Dissertation Abstracts Wanted! All graduates of the ANA Minority Fellowship Programs who have not yet presented their dissertation research findings at an ANA biennial convention are invited to do so at the 1984 ANA convention, to be held June 15-21, in New Orleans, Louisiana (for related story, see page 2). The MFP has sponsored the program

"Future Nurse Researchers," at every ANA convention since 1978, in which the graduates of the MFP discuss the implications of their dissertation findings for mental health research. To be eligible to present, a 200-word abstract of the dissertation should be sent to the MFP office (a copy of the dissertation is required for MFP records as well) by December

31, 1983. Abstracts submitted after this date will not be considered for inclusion in the 1984 convention program. Plans for the convention program are in the process of being finalized. It is hoped that the MFP will again be represented by an impressive showing of alumnae at the convention. ☉

PROFESSIONAL OPPORTUNITIES

The University of Texas at Austin, School of Nursing, invites doctorally prepared nurses interested in all clinical areas, research, and writing to apply for faculty positions. Contact Dean Billye Brown, University of Texas at Austin, School of Nursing, 1700 Red River, Austin, Texas 78701.

The School of Nursing at the University of Wisconsin-Madison is seeking qualified persons for nursing faculty positions. Contact Joan Mulligan, Chairperson, Recruitment Committee, School of Nursing, Center for Health Sciences, University of Wisconsin-Madison, 600 Highland Avenue, Madison, Wisconsin 53792.

Bloomfield College is seeking candidates with doctoral training for two faculty positions in a National League for Nursing-accredited B.S.N. program with an integrated curriculum. Specialty areas sought are psychiatry and pediatrics. A second area of interest or administrative experience. Direct inquiries to B.E. Smith Associates, Inc., King's Cove Office Park, 10000 West 75th St., Exec. Suite 200, Shawnee Mission, KS 66204 (a health care consulting firm), or call collect (913) 262-7379.

California State University, Los Angeles has a faculty position opening in medical-surgical nursing available in June or September 1983. Qualifications include a master's degree in nursing (doctorate or doctoral candidate preferred) with a major in adult medical-surgical nursing and one-year clinical experience in medical-surgical nursing. Send curriculum vita and names of three personal references to Chairperson, Department of Nursing, California State University, Los Angeles, 5151 State University Drive, Los Angeles, California 90032.

The UCLA Neuropsychiatric Institute seeks applicants for assistant director of a nursing program in evaluation and research. A master's in nursing is required; doctorate in nursing

or behavioral science preferred. Contact Bertha Unger, M.A., R.N., Director of Nursing, UCLA Neuropsychiatric Institute, 76C Westwood Plaza, Los Angeles, California 90024.

The University of Maryland, School of Nursing is seeking an experienced nurse investigator for a faculty position in their center for research. The position includes conducting research, teaching research courses, and facilitating faculty research development. Send curriculum vita and a letter of application to Dr. Ada Jacox, Director, Center for Research, University of Maryland, School of Nursing, 655 Lombard Street, Baltimore, Maryland 21201.

A hospital in north central Kansas is seeking a director of nursing service to manage a full service nursing department. An individual with a master's degree in nursing is preferred, with a minimum of 3-5 years experience in acute care nursing management or administrative experience. Direct inquiries to B.E. Smith Associates, Inc., King's Cove Office Park, 10000 West 75th St., Exec. Suite 200, Shawnee Mission, KS 66204 (a health care consulting firm), or call collect (913) 262-7379.

The College of Nursing at Michigan State University announces a Visiting Racial Minority Faculty Program. The purpose of this program is to exchange ideas among individuals with varied perspectives and create a conducive environment for recruiting other minority in order to enhance the present environment for minority and other students. The Visiting Professor would pursue teaching and research/scholarly interests for a one-year appointment within the College of Nursing. Contact Gladys A. Courtney, R.N., Ph.D., Professor and Dean, College of Nursing, Michigan State University, East Lansing, MI 48824 (517/355-6523).

The School of Nursing at the University of Massachusetts, Boston is seeking qualified faculty

members of ethnic/racial minorities for a four-year baccalaureate program for both generic and registered nurse students. Salaries are competitive and depend on qualifications. A minimum of a master's degree with a nursing clinical specialty area is required, though a doctoral degree is preferred, but candidates well on their way to the doctorate will certainly be considered. Contact Anne K. Kibrick, R.N., Ed.D., Chairperson, Nursing Program, University of Massachusetts-Boston, Huntington Campus, 625 Huntington Avenue, Boston, Massachusetts 02115 (617/731-3300).



Interns/from page 4

Sekito spent a major part of her time attending congressional hearings relating to the health care concerns of clients of the lobbying firm. These included a Senate hearing by the Subcommittee on Health of the Finance Committee on Medicare reimbursement for the treatment of alcoholism, and a Senate Judiciary hearing on the insanity defense legislation (following the Hinckley trial.)

On the last day of their internship, July 30, the MFP fellows were still lobbying for the nursing profession. Following their meeting with Thaddeus Garrett, the assistant for domestic policy to the Vice President, the interns drafted a memo to the Vice President's representative on the Regulatory Task Force. They recommended changes in Medicaid regulations requiring physician direction (excluding nurses) for clinic services, and those regulations which blend the cost of nursing services with other miscellaneous services in facilities.

The ease with which the interns adapted to the political process is yet further evidence that nurses are ready for and capable of tackling the formation of public policy which affects the nursing profession and the health care delivery system.

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Newsletter

NURSE RESEARCHERS ANNUAL MEETING

All fellows are encouraged to attend the 1983 annual meeting of the Council of Nurse Researchers. The conference, "Nursing Science: Today and Beyond," will be held at the Sheraton Park Place Hotel, Minneapolis, Minnesota, on September 22-24, 1983. The conference promises to be a stimulating one; in addition to paper and poster presentations, the format will include invited speakers, a program on grantsmanship, a program on research entities at the state level, and a breakfast with "scholars and mentors." Since each fellow has received notice of a call for abstracts for presentations for the meeting, it is hoped that many of you did submit abstracts.

ETHNIC/RACIAL MINORITY FELLOWSHIP PROGRAMS

Office Telephone: 816/474-5720 or 202/789-1334

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CULTURAL CONNECTIONS

Council on Cultural Diversity
in Nursing Practice



American Nurses' Association

Vol. 4, No. 3/December 1984

Nominations Invited for Council Award

Nominations are now being accepted for the 1985 Council on Cultural Diversity in Nursing Practice Award. Criteria and nomination forms may be obtained by writing to Awards, Council Services, American Nurses' Association, 2420 Pershing Road, Kansas City, Missouri 64108. Nominations must be postmarked not later than March 15, 1985.

The recipient will be honored by the council at the 1986 ANA convention in Anaheim, California, and will receive a plaque. It should be noted that recipients of ANA council awards are not reimbursed for expenses incurred in conjunction with the award presentation.

The criteria for the award are as follows:

- The nominee must be a member of a state nurses' association and an affiliate of the Council on Cultural Diversity in Nursing Practice.

- The nominee must have made a documented contribution to cultural diversity in nursing through activities such as research, education, or practice.

- The nominee must have demonstrated evidence of a distinguished contribution to cultural diversity in nursing at the local, state, or national level.

- The nominee must have made a documented effect on improving the quality of nursing care by efforts concentrated on recipients and/or providers through the utilization of cultural concepts.

- The nominee must have shown involvement in continuing education that focuses on cultural diversity concepts—as a presenter, organizer, or sponsor.

Current members of the council's executive committee are not eligible for nomination.

Two Council Members Elected to Cabinets



Jean Marshall (left) and Lula Whigham-Marable

Two members of the Council on Cultural Diversity in Nursing Practice were elected to ANA cabinets during the 1984 ANA convention in New Orleans. Jean Marshall, B.A., R.N., was elected to the Cabinet on Nursing Practice and Lula Whigham-Marable, M.A., R.N., C.S., C.N.A.A., was elected to the Cabinet on Human Rights.

Ms. Marshall is director, Stomal Rehabilitation, Paul Kimball Hospital, Lakewood, New Jersey. She is also an enterostomal therapist and provides assistance and counseling to ostomy patients, as well as training nurses to assist in stomal therapy.

Ms. Marshall is first vice president of the New Jersey Nurses Association. She received her diploma in nursing from Perth Amboy General Hospital, her bachelor of arts degree in sociology from Marymount Manhattan College in New York City, and her training as an enterostomal therapist from Harrisburg Hospital School in Pennsylvania.

Ms. Whigham-Marable is coordinator, Nursing Service Quality Assurance Program, VA Medical Center, Tuskegee, Alabama. She received her bachelor of science degree from Tuskegee Institute School of Nursing, and her master's degree in adult psychiatric mental health nursing from New York University. She has earned additional credits from Auburn University. She has had a broad nursing career, including positions as staff nurse, head nurse, nursing supervisor, psychiatric clinical nurse specialist for inpatient and outpatient psychiatric services, coordinator of a family mental health services program, coordinator of a nursing service quality assurance program, assistant chief of nursing service, and instructor and assistant professor of nursing.

Action Taken by Executive Committee

The Executive Committee of the Council on Cultural Diversity in Nursing Practice met October 12-13, 1984, at ANA headquarters in Kansas City, Missouri, and took the following actions:

- Adopted operational guidelines for the council.

- Made recommendations to ANA regarding association legislative priorities that include monitoring issues regarding access to care for the disadvantaged and minority groups, human rights, and nursing education for minority students and/or nurses.

- Completed a final draft of the position statement on intercultural nursing, which will be circulated to organizational units and SNAs for review and comment.

- Revised the document entitled "Guidelines for the Inclusion of Cultural Diversity in Nursing Curriculum," which will also be circulated for review and comment.

- Selected a new name for the council's newsletter: The newsletter is now called *Cultural Connections*. Discussed content for future issues.

- Agreed to appoint a five-member recruitment committee. These members will be appointed on a regional basis.

- Reviewed draft council election procedures.

designated the two executive committee members who will continue in office until 1986, and made recommendations regarding the election of the council chairperson.

- Reviewed and discussed liaison relationships with other culturally diverse nursing and non-nursing organizations.

- Revised council goals to include development of a mechanism to identify and increase the visibility of the expertise of council affiliates.

- Revised criteria for the Council on Cultural Diversity in Nursing Practice Award.

The next Executive Committee meeting will be March 7-8, 1985, at ANA headquarters in Kansas City.

Tapes Are Available

Audio cassette tapes of selected programs from the 1984 ANA Convention are now available. For a complete listing of the tapes available and ordering information, contact ANA Marketing, 2420 Pershing Road, Kansas City, Missouri 64108, or call toll-free 800-821-5834, Monday-Friday, 8:30 a.m.-4:30 p.m. central time.

Call for Nominations For Chair, 2 Members Of Exec Committee

A chairperson and two members of the Executive Committee of the Council on Cultural Diversity in Nursing Practice will be elected in 1985 as a result of amendments to the ANA Bylaws adopted by this year's House of Delegates.

Council affiliates and state nurses' associations are eligible to nominate for council positions. A nominee must be a member of a state nurses' association and an affiliate of the council.

The new officers will take office at the close of the 1985 House of Delegates meeting, July 22-25, 1985, in Kansas City. In 1986, a vice chairperson and one Executive Committee member will be elected.

Nomination forms may be obtained by writing Elections, Council Services, ANA, 2420 Pershing Road, Kansas City, Missouri 64108. Please specify that your request is for the Council on Cultural Diversity in Nursing Practice.

VA Professional Nurse Scholarships Available for 1985-86 School Year

In January 1985, the Veterans Administration will be accepting application requests for its Health Professional Scholarship Program, which provides support to baccalaureate and master's degree nursing students on a pay-back-in-service basis.

The VA scholarship provides tuition, educational expenses, and a monthly stipend for participants who agree to serve a minimum of two years as a full-time registered nurse in one of the VA's 172 medical facilities.

Approximately \$3.7 million is available for scholarships for the 1985-1986 school year. Awards are made to third- and fourth-year baccalaureate nursing students and to master's degree candidates in specialties needed by the Veterans Administration. These specialties are gerontology, medical surgical, adult psychiatric mental health, rehabilitation, and nursing service administration.

Information about the program is available from the VA Health Professional Scholarship Program, Office of Academic Affairs, DM&S (14N), 810 Vermont Avenue, N.W., Washington, D.C. 20420. Requests for an application package may be made to the Scholarship Program Office between January 7 and May 10, 1985. Completed applications must be received by the Scholarship Program Office no later than June 3, 1985.

From the Chairperson

Estrella Cash, Ed.D., R.N.

As you probably already know, ANA recently changed the name and purpose of the Council on Intercultural Nursing.

The newly named Council on Cultural Diversity in Nursing Practice seeks to improve nursing practice based on the inclusion of cultural conditions, values, beliefs, and attitudes of our heterogeneous society, health care consumers, and practitioners of nursing. It recognizes that the holistic scope of nursing that responds to the human response to real or potential health problems must change as the character of society changes.

With these changes, your affiliation was transferred from the former Council on Intercultural Nursing to the new Council on Cultural Diversity in Nursing Practice.

The changes in our council are representative of others that have taken place in ANA's structure. Prior to these changes, the council had made impressive progress in pursuit of mutual concerns. That work—activated by the fresh energy and perspective that positive change can generate—can now be continued with new and increased potential.

Minority Programs Offer Baccalaureate Scholarships

The American Nurses' Association's Ethnic/Racial Minority Fellowship Office announces undergraduate scholarships from the Baccalaureate Completion Scholarship Fund for 1985-1986.

The purpose of the scholarship awards is to provide financial assistance to ethnic minority registered nurses for baccalaureate nursing education. This fund was established by the American Nurses' Association in 1983 to assist minority students in obtaining baccalaureate nursing education and thereby to respond to national priorities for improved nursing care in underserved areas of our population.

Applicants must be licensed registered nurses including, but not limited to, ethnic/racial minorities (e.g., Afro-American, Asian American, American Indian, and Hispanic American). Persons must be accepted in an accredited school of nursing and must be pursuing a baccalaureate degree in nursing. Applicants must hold current membership in the National Student Nurses' Association or in a state nurses' association that is a constituent of the American Nurses' Association.

Annual awards up to \$2,000 each are provided. Awards are intended to help defray educational expenses.

Applications must be received by January 15, 1985. For further information and application forms, contact Ethnic/Racial Minority Fellowship Programs, American Nurses' Association, at 2420 Pershing Road, Kansas City, Missouri 64108, 816/474-5720, or at the Washington Office, 1030 15th Street, N.W., Suite 716, Washington, D.C. 20005, 202/789-1334.

Clippings Sought by Funding Committee

The Private Sector Funding Committee of the ANA Center for Research is establishing a "clippings" file on nursing research projects. The committee would like copies of newspaper and commercial magazine articles that directly discuss nursing projects, as well as information on radio and television programs that have had a focus on nursing research projects. Radio and television information should include the name(s) of the researcher(s), title of the project, focus of the radio or television program, network that presented the program, name of the program or show, city and state of network, and date. Newspaper and magazine clippings should include the name of the publication, date of publication, and page(s).

Clippings and information on radio and television programs should be sent to Private Sector Funding Committee, c/o Pauline F. Brimmer, Ph.D., R.N., Center for Research, American Nurses' Association, 2420 Pershing Road, Kansas City, Missouri 64108.

Members of the Private Sector Funding Committee are Ora L. Strickland (chairman), Ph.D., R.N., F.A.A.N.; Ann Burgess, D.N.Sc., R.N., F.A.A.N.; and Marilyn Oberst, Ed.D., R.N., F.A.A.N.

Cultural Connections

Cultural Connections is published four times a year by the Council on Cultural Diversity in Nursing Practice of the American Nurses' Association. Materials in the newsletter represent the point of view of individual contributors and do not necessarily reflect ANA's position.

Direct editorial comment and inquiries to Editor, *Cultural Connections*, Council on Cultural Diversity in Nursing Practice, American Nurses' Association, 2420 Pershing Road, Kansas City, Missouri 64108 (816/474-5720). ANA is an equal opportunity employer.

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Cultural Connections

ANA To Renew Efforts for Federal Health Proposals

In response to President Reagan's veto of the Health Professions and Services Act, the American Nurses' Association has announced that it will continue to work for legislation that will provide federal aid for nurse training and for the elderly and other disadvantaged populations.

The legislation would have extended for three years the Health Manpower Program, the Nursing Training Act, the Community and Migrant Health Centers Program, the Health Maintenance Organization Act, and the National Health Service Corps. A major component of the proposal, the Health Professions Training Assistance Program, provided financial assistance to needy students pursuing formal education to become qualified health care practitioners.

The president also vetoed a bill that would have expanded the roles of the National Institutes of Health. In addition to establishing arthritis and nursing institutes, the measure provided federal funding for research into Alzheimer's disease, heart disease, cancer, and the ethics of fetal research and for disease prevention.

Noting that both bills had strong bipartisan support, ANA said: "Because these proposals affect the lives and well-being of millions of Americans and their families, we will renew our efforts to seek massive support for this much-needed legislation in the 99th Congress."

The bill also included several provisions for reducing health care costs and for helping consumers compare health care costs.

"These legislative measures would have provided the first significant step towards reducing the growing costs of health care—that of disease prevention," according to ANA.

ANA also expressed its disappointment and bewilderment at the president's veto of the Indian Health Care Amendments of 1984. The legislation would have renewed and extended the Indian Health Care Improvement Act of 1976 and the 1980 amendments that signaled the nation's commitment to assure optimal health for the American Indian and the Alaska native populations.

Although significant progress has been made as a result of the 1976 act, Indians still live in an environment where health care lags seriously behind that of the general population, infant mortality rates continue to be among the highest, and the incidence of tuberculosis is six times greater than that experienced by other Americans.

The reauthorization bill stressed preventive health care and health education programs. The existing and proven programs for urban and rural Indian health would have been extended. Additionally, the critical and accelerating problems of alcohol and drug abuse among juveniles would have been addressed. These prevention and treatment programs would have ensured not only the health but also the economic and social well-being of the Indian community.

Reportedly, the president chose not to act because he disagreed with a potential precedent-setting provision establishing a demonstration program in Montana.

The president stated, "My disapproval of the bill will in no way affect the continued delivery of health care services to our country's Indian population." ANA expects the president to adhere to his commitments and that Indian Health Service funds will be available for this commitment until Congress can reconvene for reconsideration of this vital legislation.

Verdelle B. Bellamy Is Mary Mahoney Award Recipient

During the opening ceremonies of the American Nurses' Association's 1984 convention, the Mary Mahoney Award was presented to Verdelle B. Bellamy.



Verdelle
Bellamy

lamy, R.N. Mrs. Bellamy, a native Georgian, is currently employed as the associate chief of Nursing Service for Geriatrics, Veterans Administration

Medical Center, Atlanta. She was nominated for the Mary Mahoney Award by the Georgia Nurses Association, which was supported in its nomination by the New York State Nurses Association.

The Mary Mahoney Award recognizes significant contributions, by an individual nurse or a group of nurses, to integration within the nursing profession. Mrs. Bellamy has a long history of professional activities that provided the rationale for such an award. A brief account of her contributions include the following: she was the first black nurse to enter the master of nursing program at Emory University, Atlanta, Georgia, entering via a litigation resolution and graduating with her class in 1963; she was the first black nurse to assume a supervisory role at the Atlanta Veterans Administration Medical Center, a role offered after she challenged hiring policies and practices through presentation of pertinent data; she is an active spokesperson for minority nurses, offering support for additional appointments to leadership positions in the Veterans Administration Medical Center.

Since 1965, the federal government has provided assistance to nursing schools and students under the Nurse Training Act. The Nurse Training Act would have been reauthorized for three years under the health services bill.

Federal funding has supported an emphasis on preparing nurses to provide primary care, increased opportunities for low income and disadvantaged students, state and regional planning grants, establishment of new schools in areas of great need for nursing, preparation of faculty and nursing service leaders, and preparation of nurses to practice in long-term care and underserved areas.

Earlier acts included monies for "capitation" grants to schools of nursing based on the number of students in basic nursing programs. The act passed in 1981 and the act currently vetoed does not include capitation grants but instead provide for advanced nurse training, and for the education of nurse practitioners and nurse anesthetists.

The shift in funding was in keeping with recommendations that resulted from a two-year study of nursing and nursing education authorized by Congress. The study, completed in the spring of 1983 by the Institute of Medicine and the National Academy of Sciences, showed that registered nurses with high-quality graduate education are a "scarce national resource" and specified a need for more nurses with the educational preparation for work as nursing service administrators, educators, researchers, and clinical specialists.

Although the Nurse Training Act has been vetoed previously, in budget-cutting efforts by President Ford in 1974 and by President Carter in 1978, the succeeding Congress in each instance overrode the vetoes.

ter; she provides an impetus for the implementation of primary nursing in a 120-bed home unit, focusing on geriatrics; she was the first black nurse to be appointed to the Executive Committee of the Board of Directors of the Georgia Nurses Association; and she was the first black nurse to be appointed by Governor Jimmy Carter to the Georgia Board of Nursing, serving as vice president and president during her six-year tenure.

Mrs. Bellamy noted that the Georgia Nurses Association has directed efforts toward the important similarities of people rather than to the superficial differences among them. She has constantly challenged racial patterns and has worked steadfastly toward creating a climate for the acceptance of total equality and the recognition of human dignity in all people.

She is applauded for her roles in improving the quality of professionalism in nursing by opening and advancing doors, by advancing positive intergroup relations, and by increasing minority participation in the field of nursing.

New Master's Program At Case Western Is Funded by NIMH Grant

Minority students who want to specialize in the mental health care needs of Blacks, Hispanics, Asians, and Indians can apply for a new master's degree program at Case Western Reserve University's (CWRU) Frances Payne Bolton School of Nursing.

The CWRU program, designed to recruit minority students to earn a master of science degree in psychiatric and mental health nursing, is funded by a three-year grant of \$30,000 a year from the National Institute of Mental Health. Students with an accredited bachelor's degree in nursing are eligible.

Each of the students who are accepted into the one-year psychiatric and mental health care program for minorities will receive \$2,000 toward tuition and a monthly stipend of about \$440. This should help students who otherwise might have to work full time during the program. They also will receive special counseling and tutoring, if needed.

Nonminority students and students who do not qualify for the tuition stipend funds also can enroll in the program if they want to specialize in this field.

Besides their basic courses, students will take special courses to sensitize them to the specific needs of minorities. Minority leaders from medicine, law, politics, religion, and business will be guest lecturers. Seminars will examine minority lifestyles, religious beliefs, economics, concepts of health and illness, care of children, families, political power, institutional racism, employment, and other topics. Students also will gain clinical experience working with minorities in the community. All of this is designed to equip students to prevent and treat mental illness.

May Wykle, associate professor of psychiatric mental health nursing, and Richard Cowling, assistant professor of psychiatric mental health nursing, will codirect the program. Wykle said a key feature of the program is that it provides minority patients with role models in health care.

"I do not go along with the idea that only minorities can treat minorities, but I think minorities should be given the opportunity to work with minority clients," Wykle said.

Anyone interested in the program should contact Donna Hassik, Admissions Officer, School of Nursing, Case Western Reserve University, Cleveland, Ohio 44106, telephone 216 368-2562.

Before you move . . .

...please let us know. Send all changes of address to Council Services, ANA, 2420 Pershing Road, Kansas City, Missouri 64108.

Be sure to include your old address, new address AND the name of the council.

Lillian Holland Harvey Is First Recipient Of Award Established in Her Honor

The Lillian Holland Harvey Award was established in 1983 through the efforts of the Human Rights Committee, the Awards Committee, and the Board of Directors of the Alabama State Nurses' Association (ASNA). The award will be presented annually to a nurse or a group of nurses who have fostered intergroup and intercultural relations, have made significant contributions to the advancement of minority nurses, and have contributed significantly to upgrading health care services to those who are culturally and economically underserved.

Because the award was established in Dr. Harvey's name, the Human Rights Committee requested that Dr. Harvey be the first recipient. As a fellow graduate of the Tuskegee Institute School of Nursing and a chairperson of the Human Rights Committee, I was especially honored to present the award to Dr. Harvey during the opening ceremony and awards luncheon of the 70th Annual Convention of the ASNA on October 26, 1983, in Tuscaloosa, Alabama.

The rationale for the establishment of the Lillian Holland Harvey Award is explicit in a summary of Dr. Harvey's life and accomplishments. She has dedicated her life to serving humanity. In the mid-1940s, at a time when segregation was at its peak, she went into the Deep South to crusade for unrestricted participation and professional recognition on the local, state, and national levels. Her perseverance resulted in many "firsts" for the Tuskegee Institute School of Nursing, for Dr. Harvey as a professional, and for minorities within the nursing profession.¹ In 1948, she established the first baccalaureate school of nursing in Alabama, at Tuskegee Institute—a nursing program classified in 1949 in the upper 25 percent of all basic nursing programs in the nation.² Dr. Harvey served as dean of the

School of Nursing from 1944-1973. In 1978, she became the first Dean Emeritus of Tuskegee Institute, the only one to date in the 103-year history of the institute.

Dr. Harvey realized very early in her career the need to pursue further education. She received her nursing diploma from the Lincoln School for Nurses, New York City, in 1939, and her bachelor of science, master's and doctoral degrees from Columbia University, New York City, in 1944, 1948, and 1966, respectively.

Dr. Harvey has received many awards and citations, including the Mary Mahoney Award in 1982, the Award for Distinguished Achievement in Nursing Education from the Teacher's College at Columbia University, and several citations from the United States Army for her outstanding service to the Army Nurse Corps Counselors. Also, she is cited in *Contemporary Minority Leaders in Nursing: Afro-American, Hispanic, and Native American Perspectives*.³

Dr. Harvey has truly given to her work the best she has. It is appropriate that the best be returned to her. This award is only a symbol of our appreciation for what she has done for nurses and for nursing.

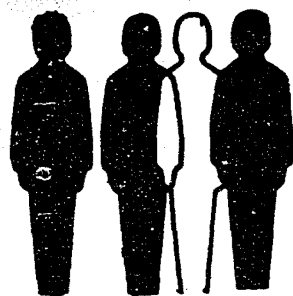
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2. Interim Classification of Schools of Nursing Offering Basic Programs (1919). *American Journal of Nursing* 49:11 (November 1919), 34.
3. *Contemporary Minority Leaders in Nursing*, op. cit.

American Nurses' Association
2420 Pershing Road
Kansas City, Missouri 64108

Vol. 4, No. 3
December 1984

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Newsletter



NEWSLETTER

AMERICAN NURSES' ASSOCIATION

COUNCIL
ON
INTERCULTURAL NURSING

Vol. 3, No. 1/March 1983

Conference Underscores Need for Professional Networks

By Sister Thelma M. Mitchell, S.S.M., M.S.N., R.N.

San Francisco, with its graceful bridges connecting cities and towns around the Bay area, was an appropriate setting for the ANA conference "Expanding Our Networks: A Link to Quality Nursing Care."

Networks for professional and social needs are a relatively new concept for nurses. It is for this reason that the conference was of particular significance. It demonstrated that, as a professional body, nurses are beginning to realize that they are living in an increasingly interdependent world. In this interdependent world, the principles of the general welfare cannot stop at the limits of any particular group but must involve the total entity. Over the years, a number of nursing groups have been formed. These groups have reached a high degree of autonomy. Now there seems to be a need to interface or become integrated so as to come to a more holistic approach to the provision of quality health care.

The cosponsors of this conference accomplished their goals by providing the participants with a variety of well-prepared, quality speakers. Also, activities were offered to encourage networking, such as the cocktail buffet and the business card exchange at the daily sit-down continental breakfast.

Providing high quality health care to all people regardless of race, color, religion, ethnicity, culture, or socioeconomic status was posited as a given fact in all the presentations in the intercultural nursing sessions. Providing quality care was seen as the responsibility not only of the health care professional but also of the health care institution. However, since nurses are the major providers of service in the health care system, it is imperative that they take a leadership role in responding to this ever-increasing and pressing need. Consequently, if culturally relevant nursing care is to be defined and implemented, nurses must increase their knowledge base, develop new clinical skills, and expand their scope of patient assessment.

Schools of nursing are beginning to include cultural differences in the nursing curriculum, but there are still large numbers of nurses in practice who are not aware of and are often not sensitive to the needs of persons of other ethnic cultures or colors.

A few health care institutions, recognizing that culture has a significant impact on both the health care provider and the consumer, are beginning to provide, through their staff development departments, continuing education programs that intro-

duce intercultural concepts to their staff. This is a considerable undertaking for any institution. It requires a real commitment from both the administration and the employees.

Recognition that culture is a determinant of behavior has to be considered important by the caregiver. Unfortunately, information in the area of health beliefs and practices of ethnic people of color has not always been available to the caregiver. Because of this neglect, ethnic persons of color have sometimes not received the quality of care they need.

Nurses need to have their consciousness raised toward culturally different patients. In the United States, nurses are for the most part representative of the dominant culture either by birth or by education. Hence, they tend to deliver nursing care in an ethnocentric manner. Either all patients are viewed culturally the same as the nurses, or their differences are highlighted and stereotyped in an often negative manner. It is a fact that people in general are usually very resentful of having to adapt to other people's culture. Nevertheless, it is not impossible.

Because cultural sensitivity covers such a broad area, it requires thought, time, and energy to develop. If an attitude of mutual respect and sensitivity to cultural differences is to be established, there needs to be imagination, integrity, and courage. The task is to shake off old prejudices and attitudes and to build a new system of thought.

An essential part of the approach to preparing practitioners of the future and helping already prepared nurses come to a greater understanding of cultural diversity is a collaborative relationship between administration, researchers, and educators. We are entering into a new age of education that is programmed for discovery rather than instruction. It is the task of those in basic and continuing education to translate research regarding cultural diversity from theory into practice and for administration to implement this through active operational policies.

The values that each of us holds are transmitted to us through family, schools, peers, church, and others. As nurses, we hold certain professional values. These factors affect us and the consumer to whom we attempt to provide care.

As we nurses gain an awareness of the concept of culture and the process by which an individual takes on cultural patterns, we will be better prepared to provide culturally relevant, quality care. It is evident that we cannot put off taking the necessary step to move forward in this area.

Currently, we seem to be standing in front of our future, which closes and opens at the same time. It may be that through the building and using of professional networks, our view of the world and of the diverse people who inhabit it will widen, and we will thereby have gained something of incomparable value.

Cabinet, Divisions, Councils Will Sponsor Practice Conference Nov. 3-6 in Denver

The Cabinet on Nursing Practice and the divisions and councils on nursing practice will sponsor a national conference November 3-6, 1983, in Denver, Colorado. The conference, entitled "New Knowledge for Nursing Practice," will focus on practice-based research findings and new discoveries.

The presentations will be related to the following objectives:

1. To report recent research findings or present new knowledge for theory-based generic and specialty nursing practice.
2. To report national developments on classification systems for nursing diagnosis.
3. To describe the nature and scope of nursing

practice using concepts found in the ANA publication *Nursing: A Social Policy Statement*.

4. To provide a forum for nurses in which information and ideas regarding professional sociopolitical issues are exchanged.

The Council on Intercultural Nursing is sponsoring the programs "Values of Clients and Providers" and "Heritage and Federally Funded Health Care Assistance" and is cosponsoring "Health Status of Women in Rural Areas: Negative Implications." For more information, call toll free 800/821-5834, Monday-Friday, 8:30 a.m.-4:30 p.m., Central Time, or write the Marketing Department, American Nurses' Association, 2420 Pershing Road, Kansas City, Missouri 64108.

Message from the Chairperson

By Estrella Cash, Ed.D., R.N.

The year 1983 will be an exciting one for all of us. Presently, we are confronted with numerous challenges, changes, and problems in our society. We will try to conquer them all through our continued



Estrella
Cash

hard work and motivation to succeed. This is not rhetoric. It is reality. So let us start the new year by being optimistic and hopeful that whatever your goals are, you will try to realistically achieve all of them within the time frame you have set.

Two things that I feel are very important for us to

contribute in nursing are (a) improvement of nursing's image and (b) networking. In most nursing organizations to which I belong, I often hear these goals stated as objectives for 1983. The time has come when we should be talking to each other and nurturing one another. It is only through these experiences, I feel, that we will learn to know more of each other and grow together.

Nursing is at a crossroad, and as diverse a group as we are, we still strive to achieve the ultimate goal—and that is quality patient care.

The members of the Executive Committee are working toward achieving our goals for 1983. We are in the process of collecting materials pertaining to studies done on intercultural nursing. We hope to share with you a position paper about intercultural nursing by the end of the year. Increasing our membership is a priority and we will continually implement some of the strategies we developed in order to have more members. The Executive Committee was to meet February 16-17, 1982, in Kansas City.

I hope that this will be a very healthy and prosperous new year for all of us.

Good luck in all your endeavors.

Greetings from the Cabinet on Human Rights

By Juanita Hunter, M.S., R.N.

As newly elected chairperson of the Cabinet on Human Rights, I extend greetings to the members of COIN. Since election to the cabinet in June, I have quickly become immersed in the activities of the cabinet, in its plans and hopes. Those activities, as you may know, have been greatly affected by the structural changes created by the adoption of the modified federation model by the 1982 House of Delegates.

As part of the budgetary process the Board of Directors requested that each structural unit select strategy from those adopted by ANA for the 1982-84 biennium. All program activities were to be developed around that particular strategy.

The Cabinet on Human Rights has selected for its strategy enhancement of the image of professional nurses, specifically as related to human rights. The cabinet believes that all ongoing and planned future activities will be effective in the achievement of this strategy.

The cabinet looks forward to an exciting and challenging biennium and to a close working relationship with COIN.

Ideas, Anyone?

By Michael T. Weaver, R.N.
Co-editor

Beginning with this issue of the COIN Newsletter, articles and other materials are being reviewed by Mildred Cox, M.P.H., R.N., and Michael Weaver, R.N., newly appointed co-editors of the Newsletter.

We have implemented some new ideas for regular features that we hope you will find of interest.

In addition, our plans include a "Letters to the Editor" column, and we invite your comments and inquiries on any subject that might be of interest to you and your fellow members.

We will try to keep you informed on who's doing what in the area of intercultural nursing. If you are working on a related project or would like to contact persons working in a specific intercultural nursing subject area, please write. We hope this will facilitate the formation of links within our membership.

One last item: we are also constantly on the lookout for articles for our newsletter. If you have anything you would like to share with your colleagues, send it in. This can be either original works or items of interest from another newsletter.

Send all materials to COIN Newsletter, c/o Mary Hamblin, American Nurses' Association, 2420 Pershing Road, Kansas City, Missouri 64108.

We need to hear from you!

Conversation with a Client

By Ann Cardosa, M.S.N., R.N.

"If only I could understand the words and letters the nurses and doctors use, I might could better care for myself." That's how Mr. J. began his conversation with me following my entrance to his hospital room and my greeting, "How are things going today, Mr. J.?"

The look of frustration and bewilderment on his face clearly communicated to me his inability to comprehend his diagnosis of hypertension at the age of 69 and the ensuing patient education by his physician and staff nurses on the floor. As a rural, black farmer who had never been hospitalized and had always treated his own illness, he had been admitted to the hospital following a routine blood pressure screening offered to hospital employees and visitors. He had come to the hospital to visit a friend and prompted by his wife, got his "pressure" checked.

It was recommended that he be examined by a physician, who then found him overweight, with pedal edema and having occasional headaches with blurred vision—his blood pressure, 260/120. It all happened so fast, too fast for this man unused to the technology, the jargon, and the complex world of a large hospital.

"I think I'd rather go home and just forget about this high blood. I get scared in this place. Everybody moves so fast and nobody thinks I don't understand. They say high blood is common, so I guess it's nuthin'," he said hesitantly to me. More than likely his fears of the hospital and his condition intensified the continued elevation of his blood pressure.

The health care delivery system, as we know it, tends to remove the identity of the person from his

illness. The health condition can be treated only by approaching it through the person as an individual and as a member of his sociocultural environment—not by just dealing with the health problem.

Mr. J. has been discharged with the appropriate instructions in hand, that is diet, medication, and exercise. However, I suspect these will be stored carefully in a drawer at home, hidden under something, so as not to have to face the embarrassment of uncertainty as to their meaning and purpose—just because he was not part of the system!

COIN is published four times a year by the Council on Intercultural Nursing of the American Nurses' Association. Materials in the newsletter represent the point of view of individual contributors and do not necessarily reflect ANA's position.

Direct editorial comment and inquiries to Co-editors Mildred Cox, M.P.H., R.N., and Michael Weaver, R.N., c/o Council Services, American Nurses' Association, 2420 Pershing Road, Kansas City, Missouri 64108; 816/474-5720. ANA is an equal opportunity employer.

Executive Committee

Estrella Eltanal Cash, Ed.D., R.N., New Jersey, chairperson; Bess Stewart, M.S.N., R.N., Texas, vice chairperson; Sister Thelma Mitchell, M.S.N., R.N., Missouri, secretary; Ann Cardosa, M.A., R.N., Tennessee; and Michael Weaver, R.N., Ohio.

Mary Eliza Mahoney—A Legacy for Nursing

By Mary Ella Chayer, M.A., R.N.*

The United States' first professional Negro nurse will be honored once more during the American Nurses' Association convention. This is her story.

At the New England Hospital for Women and Children in Roxbury, Massachusetts, a three-by-five, black, paper-covered memorandum book is kept under lock and key, along with other historical materials dealing with the founding and operation of this institution devoted to the medical and nursing education of women. On page 52 of this simple little book, the name of Mary Mahoney has been inscribed. Thus began the record of the indomitable courage of the 90-pound Negro woman who became the first graduate nurse of her race in America.

Could she have known how much her enrollment in a school of nursing was to mean to the future of nursing, that knowledge might have helped her over the rough places which she trod. It might have eased for her the fatigue of the 16-hour day and the weariness of the 7-day week devoted to washing and ironing, cleaning and scrubbing which was the lot of student nurses of her day.

According to the Division of Vital Statistics of the Commonwealth of Massachusetts, Mary Mahoney was born in Boston in 1845—an unverified report gives the date as April 16. She lived with her parents, Charles Mahoney and Mary Jane Stewart Mahoney, at 31 Westminster Street, Roxbury. Her parents came from North Carolina, apparently soon after their marriage, for it is known that three children were born in Boston. Besides Mary they had another daughter, who became Mrs. Ellen T. Foster and who, at the age of 27, entered the same school of nursing as her elder sister. Ellen took the sixteen-month course but was not awarded the diploma. "Giving satisfaction in many ways, her answers on examination were twenty unsatisfactory, so she was refused the diploma," according to that little black memorandum book. There is no record to indicate that Mrs. Foster did any nursing after she completed the course. She was said to have been in poor health and quite a burden to Mary. Nevertheless, she lived to be 91 years old.

The Mahoneys also had a son Frank, who married and went to Portland, Maine, to live in a two-family house. The other occupants of the house were the Hawley family. A lifelong friendship was established between Miss Mahoney and the Hawleys. After they moved to Brooklyn, one of the daughters became a Brooklyn schoolteacher, and it is to Miss Hawley that we are indebted for some intimate details of Miss Mahoney's struggles for an existence in the field of nursing. These are mentioned in a wire-recorded interview with Miss Hawley which is now in the possession of Mrs. Emily Pickens, 470 McDonough Street, Brooklyn.

In Nursing School

As soon as the New England Hospital for Women and Children was incorporated, Miss Mahoney, then 18 years old, began to show an interest in nursing as a career; but the status of Negroes at that

time was very low, and for women domestic service was the only means of making a living. It is possible, therefore, that Miss Mahoney may have been employed at the hospital before she was accepted as a student. Miss Hawley stated in the wire recording, "She went to the hospital to work. She cooked, washed, and scrubbed and so got in. A woman doctor wanted her there, and that was the only influence she had." History does not record the many arguments for and against accepting a Negro woman as a student, but in any case Miss Mahoney was enrolled on March 23, 1878, completed her course of 16 months on August 1, 1879, and received the diploma attesting to her fitness to nurse with the confidence and approval of the hospital.

The New England Hospital for Women and Children was incorporated on March 18, 1863, with the following purposes: (1) to provide for women medical aid of competent physicians of their own sex; (2) to assist educated women in the practical study of medicine; (3) to train nurses for the care of the sick; (4) to prove to the world that a woman can be a good physician and a skillful surgeon.

Although the first formal program in nursing was begun in 1872, nursing students were accepted as early as 1866 and were given only six months of training. They were not given any diploma or certificates. Later the course was increased to a year, and by 1878 to 16 months.² Thus when Miss Mahoney entered the school, the women physicians had had some 15 years of experience in the preparation of nurses. By 1877 the school had been placed under the direction of Dr. Crawford, but always Dr. Marie Zakrzewska retained her interest in the students and continued to give bedside instruction.

According to the little black book, applicants for admission to the school of nursing "must be well and strong, between the ages of 21 and 31, (and have a) good reputation as to character and disposition." Personal interviews were employed in the selection of applicants. Twelve months of the experience were to be spent on medical, surgical, and maternity wards, and night duty was required. The last four months were to be used "to prove the students' competency in all of these clinical areas" by sending them into the homes of the community for private duty under the direction of the school. An allowance of from one to three dollars per week was given to students for the purpose of providing their own "simple calico dresses and felt slippers."

The requirements for admission were simple, but not the demands for performance. Here is a record for the applicants of 1878, Miss Mahoney's class, which will give some idea of the difficulty of meeting the demands for quality performance and for sheer physical endurance:

Total applicants	40
Self withdrawals	9
Unsuitable	13
Accepted for trial	18
Kept after trial	9
Received the diploma	3
Two white girls and one Negro girl made the	



grade. Mary Mahoney met the several trials with distinction, else this biography would never have been written. This must have been a personal triumph for all three students, but what an epoch-making event in the life of Mary Mahoney and of subsequent Negro nurses!

The course pursued by Miss Mahoney so creditably was not all devoted to cooking and scrubbing. Each nursing student had charge of a ward of six patients and was responsible for their complete care. In addition, there were twelve hours of lecture on such subjects as position and manner of nursing in families, physiological subjects, food for the sick, surgical nursing, child-bed nursing, disinfectants, general nursing. Dr. Zakrzewska taught all the details of nursing at the bedside. Students made rounds with the doctors every morning and received orders for the patients' care. Physicians were exacting and critical, demanding very much in small details for the comfort of their patients.

Linda Richards in her *Memoirs* has borne witness to the quality of nursing taught her at the New England Hospital. She said that "far greater nicety in caring for patients was required than at Bellevue," where she went after leaving the New England Hospital. Anna C. Maxwell, who was assistant matron at New England during the time when Miss Mahoney was in training, thought so well of the nursing care given there that she enrolled for the special 3-month course in maternity nursing.

The list of duties of the head nurse (at that early time, as now, they were always graduate nurses), as recorded in "the little black book" by Helen Kimball, a head nurse there at the time, reveals that the nursing students were not left without assistance. The head nurses' duties included, among other

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National Association of Hispanic Nurses: Historical Background

Compiled by Consejo Rosario-Gibson, R.N.

Many nurses have asked me, "Why another association?" Some ask, "Isn't the American Nurses' Association enough?" Others say, "Isn't ANA the forum for each and every nurse?" Well, apparently not. If that were true, why is there a Filipino nurses' association, an American Indian nurses' association, and a black nurses' association, to name a few.

According to Dr. Ildaura Murillo-Rohde, the Hispanic nurses' association came about because Hispanic nurse leaders were dissatisfied with ANA's lack of inclusion of Hispanic nurse members in the decision-making process of the organization.

In 1974, at the ANA convention in San Francisco, no Hispanic nurse was included in the structural units of the organization and none was nominated as an officer of the association. Dr. Murillo-Rohde, from New York City, with the assistance of Mrs. Carmen Triburcio, from Puerto Rico, called a meeting of the Hispanic nurses attending the convention and formed an ad hoc committee "to seek visibility and direct input into decision-making bodies of the organization." The feeling at that time was that there had been little visibility and involvement by Spanish-speaking, Spanish-surnamed nurses in the ANA organization.

Also at that convention, the Spanish group sent a letter to the ANA board requesting that it implement the recommendations of the Affirmative Action Task Force "to involve minority group nurses in all structural and functional units within the association." The letter was specific and to the point in that it asked that Spanish-speaking nurses

be appointed within the association to give direct input into the decision-making structure of ANA.

The ad hoc committee and the Spanish group named themselves the Spanish-Speaking, Spanish-Surnamed Nurses' Caucus.

On June 8, 1976, at the ANA convention in Atlantic City, the Spanish-Speaking, Spanish-Surnamed Nurses' Caucus became the National Association of Spanish-Speaking, Spanish-Surnamed Nurses. There were representatives from various eastern states as well as from Arizona, Colorado, California, and Texas. Mrs. Ruth Perez, who was then president of the Puerto Rico College of Professional Nurses (the equivalent of a Puerto Rico nurses' association), was present at the formation of the new organization. She offered her support and assistance to the newly formed association. Dr. Murillo-Rohde made it clear that it was not the intention of the newly formed association to separate itself from ANA but merely to work within the framework of the organization for the recognition of Hispanic nurses.

The association became incorporated the following year and membership was opened to all Hispanic nurses from all subgroups, i.e., Mexican-American, Puerto Rican, Cuban, and those from other Latin American countries. Through associate membership, the organization was opened also to all non-Hispanic registered nurses interested in the welfare of Hispanic patients and nurses.

The first task of the organization was to identify all Spanish-speaking, Spanish-surnamed nurses in the United States. This is still considered to be top priority, since there is an influx of Spanish-speaking nurses into the United States every year who could benefit from such an organization more attuned to their needs.

The mission of this organization is "to provide a forum for the exchange of information and experiences about health care services to the Hispanic community." Its goals are "to work toward the improvement of the health care delivery system for underserved Hispanic consumers" and "to improve the quality of life in general for all persons."

On October 11, 1978, the National Association of Spanish-Speaking, Spanish-Surnamed Nurses held its first national conference, in Houston. The theme for that conference was "Equal Health and Opportunity for All: Nursing and Health Care of the Hispanic Community in the U.S.A." The keynote address was delivered by Henrietta Villaseca, highest-ranking Hispanic nurse in the U.S. Department of Health, Education, and Welfare. Among the other speakers were Dr. Rita Osorio, at that time dean of the School of Nursing, University of Puerto Rico; Hector Gonzalez, Ph.D., R.N.; and Rodolfo B. Sanchez, M.S.W., national director, National Coalition of Hispanic Mental Health and Human Services Organizations.

In 1979, the name of the National Association of Spanish-Speaking, Spanish-Surnamed Nurses was officially changed to the National Association of Hispanic Nurses. In 1980, the association held its

second convention, in Washington, D.C. The theme was "Health Care for the Largest Minority: The Challenge of the 80s." The keynote speaker was Jo Eleanor Elliott. Other notable speakers were Vernice Ferguson, Dr. Rhetaugh G. Dumas, and Constance Holleran. At this convention, Berta Mejia, assistant professor of nursing at the School of Nursing, Yale University, began her tenure as second president of NAHN.

The association has a newsletter, *El Faro*, which means "the lighthouse." The co-editors are Eloisa Tamez and Janie Menchaca Wilson, Ph.D., R.N., both from San Antonio.

The third biennial conference of the National Association of Hispanic Nurses was held September 17-19, 1982, in San Antonio. Its theme was "Health Care Issues: In the Decade of the Hispanic."

The conference dates coincided with the anniversary of Mexico's independence from the United States and the celebration of "Hispanic Week."

The conference developed slowly at the beginning, but its pace accelerated when Dr. Hector Gonzalez, as emcee, officially opened the conference. His sharp, clever, and natural way of expressing himself, or perhaps his way of manipulating the English language, put everyone at ease.

A clergyman, Carl Frederickson, chaplain at Lutheran General Hospital, gave the benediction and blessed us all. Berta Mejia, president, spoke on the need for Hispanic nurses who can render sensitive nursing care to the Hispanic population. She further stressed that the demand for bicultural and bilingual nurses becomes more critical every day with the influx of Hispanics into this country.

The president's message was reinforced by the keynote speaker, Julia Castellano Hoyt, who represented the mayor of San Antonio.

On the opening night, two prominent nurses were recognized for their contribution to the nursing profession—Henrietta Villaseca, highest-ranking Hispanic nurse in the federal government, and Dr. Ildaura Murillo-Rohde, dean, College of Nursing, Downstate Medical Center, State University of New York, Brooklyn. Dr. Gonzalez accepted Dr. Rohde's award, since Dr. Rohde was not able to attend.

Henrietta Villaseca lightened the conference by sharing with the audience anecdotes from her exciting and interesting career. Everyone appeared delighted to hear her reminisce.

A spirit of camaraderie and cooperation prevailed among members and guests throughout the convention.

The next convention has been scheduled tentatively for May 1984 in Los Angeles.

For additional information on membership, contact Mrs. Consejo Rosario-Gibson, National Chairman, Membership Committee, 100-32C DeKruif Place, Bronx, New York 10475.

BIBLIOGRAPHY

Archival material was supplied by Dr. I. Murillo-Rohde, founding president, and C. Diaz Janosov, archivist-historian of NAHN and doctoral student, New York University.

NAHN Publishes First Directory of Nurses

The National Association of Hispanic Nurses has published its first directory, edited by Dr. Ildaura Murillo-Rohde. At a board meeting of the association on April 26, 1981, an offer for a perpetual scholarship fund was accepted from Dr. Murillo-Rohde. The board voted that the fund be named "The Murillo-Rohde Scholarship Fund of the NAHN." Dr. Murillo-Rohde, of the association, states that "the revenue from this directory will go for the Dr. Murillo-Rohde Scholarship fund to help Hispanic students obtain nursing education." The directory will assist government agencies seeking Hispanic nurses for specific programs and projects.

To obtain the directory, send a check or money order for \$4 for postage and handling to Dr. Ildaura Murillo-Rohde, National Association of Hispanic Nurses, 300 West 108th Street, New York, New York 10025.

Mary Eliza Mahoney—A Legacy for Nursing

Continued from page 3

things, the following:

1. To see that the nurses of the various departments are ready to enter upon their duties at six o'clock and that night nurses are relieved of all duties at the same hour;

2. To see that each nurse is faithful in the discharge of her special duties until nine o'clock, when the night nurses are put upon duty, to have entire responsibility in every ward except where a special nurse is appointed;

3. To visit wards and get records;

4. To preserve or restore harmony;

5. To receive new nurses;

6. To instruct and assist all students with their work.

From the doors of this school of nursing, Mary Mahoney went out, in 1879, to begin more than 40 years of service to humanity.

After Graduation

That Miss Mahoney was a credit to her school of nursing has been clearly substantiated by a number of people and events. Perhaps the most significant testimonial is the fact that the New England Hospital school continued to accept Negro students whenever applicants met the required qualification. And apparently there was a wholesome attitude toward these students, for in the listing of their names no mention was made as to whether the students were white or Negro. When she became a student, the young woman was accepted on her own merits as a fellow-worker.

A second testimonial to Miss Mahoney's skill as a nurse comes from the Ames family, in whose home she was repeatedly employed and with whom she established a lifelong friendship. Mr. Ames said of her, "I owe my life to that dear soul." When she was admitted to the hospital for her own terminal illness, Miss Mahoney gave the name of Mr. Ames along with that of her sister as "next of kin."

Sarah Beauty of the New England Hospital staff wrote, "I used to hear her praises sung everywhere around Boston and suburbs."

Miss Mahoney nursed in New Jersey, having been called there by a patient who had been one of her "babies." She was once called to Washington by a friend whose husband, an army surgeon, had become ill with tuberculosis. She accompanied him to North Carolina when it was known that he could not recover. People who had once employed her were eager to have her again. Her calm, quiet efficiency instilled confidence and trust which overcame the barrier of color.

Miss Mahoney leased a small apartment at Warwick Street, Roxbury, probably after the death of her parents, where she continued to live for the rest of her life.

Building for the Future

Miss Mahoney was not a person to be satisfied merely to nurse the sick, even though she did this superbly. She recognized the need for nurses to work together for the improvement of nursing and for the

status of the Negro nurse in professional life.

The National Association of Colored Graduate Nurses, under the leadership of Martha Franklin and others, was organized in New York City in 1908, and at its first conference in Boston in 1909, Miss Mahoney gave the address of welcome. Mrs. Adah Thoms, who met Miss Mahoney for the first time at that meeting, wrote to her:

Miss Mahoney was small of stature, about five feet in height and weighs less than one hundred pounds. . . she was most interesting and possessed an unusual personality and a great deal of charm. . . Although at this meeting Miss Mahoney seemed pleased to see and to know of the upward trend of the nursing profession, to hear her make comparisons between the years 1879 and 1909 would almost lead one to believe that the training of today was rather a hit-or-miss proposition. However, she was an inspiration to the entire group of nurses present. At the close of the convention, she was made a life member of the Association, exempt from dues, and was elected chaplain.

Through her efforts on this occasion, a demonstration for nurses was held at the New England Hospital.

Miss Mahoney was a remarkable person. . . She seldom missed a national nurses' meeting. Her last attendance was in Washington, when the Association met in August, 1921, as a guest of the Freedmen's Hospital Alumnae Association. This circumstance made it possible for the nurses to be received at the White House by President Warren G. Harding. The nurses carried a large basket of American Beauty roses which they presented to President and Mrs. Harding with the request that the National Association of Colored Graduate Nurses be placed on record as an organized body of two thousand trained women ready when needed for world service.*

Miss Mahoney would have been pleased could she have known, before her death, that all barriers had been demolished which had prevented Negro nurses from serving their country in times of war or other disaster.

In the Community

The nineteenth amendment, giving women the franchise, was ratified in 1920. In 1921, when Miss Mahoney was in her seventy-sixth year, she went with Dr. and Mrs. Hall, a Roxbury physician and his wife, to register in order to cast her vote for the first time. I wonder how many women of her age, either white or Negro, took their newly attained citizenship rights and responsibilities as seriously.

Yet her life of service was drawing to a close. She became ill in 1923 and suffered with cancer of the breast for three years, entering the New England Hospital for treatment on December 7, 1925. The hospital record of her last illness reveals that, when she was brought to the hospital by a social worker, she was delirious and so ill she was taken to her room on a stretcher and was immediately placed on

the danger list. The record indicates that she was given the most expert medical and nursing care but was beyond help. She died at the hospital on January 4, 1926, at the age of nearly 81 years, and was buried at Woodlawn Cemetery, Everett, where she owned a lot.

The Pathfinder Recognized

Two outstanding honors have come to Miss Mahoney posthumously. The first of these was the establishment of the Mary Mahoney Medal. The *American Journal of Nursing* in July 1936 carried an announcement that the NACGN would "present an award known as the Mary Mahoney Medal, each year, to a member of the organization who has made an outstanding contribution to nursing." The first of these medals was awarded to Petra Pinn.

Further recognition of Miss Mahoney was the naming of several local affiliates of the National Association of Colored Graduate Nurses in her honor. The Mary Mahoney Nurses Local in Boston had its ups and downs and was reorganized in 1944 with the following objectives: (1) to function fully in the recruitment of prospective student nurses; (2) to move toward 100 percent participation (by Negro nurses) in local, state, and national organizations; (3) to provide information concerning educational and employment opportunities; (4) to stimulate professional development; (5) to further intergroup relationships, that the (Negro) nurse may become a vital part of the community whole.

And now we come to the seventy-fifth anniversary of Mary Mahoney's graduation from the New England Hospital for Women and Children on August 1, 1879. Her life and activities represent more than 40 years of devotion to her profession and to the aim of furthering intergroup relationships "that the colored nurse may become a vital part of the community whole."

Mary Mahoney is honored today not only because she was the first Negro nurse who had the courage to enter a school of nursing side by side with her white sisters, but because this nurse was an outstanding student of her time, an expert and tender practitioner, an exemplary citizen, and an untiring worker in both local and national professional organizations. She was a sound builder for the future, a builder of foundations on which others to follow may safely depend.

Her rewards were not great in this world, but her life exemplifies the philosophy expressed in one of the annual reports of the New England Hospital: "This is the world of work, the next the world of recompense."

1. Annual Report for 1878 of the New England Hospital for Women and Children.

2. It may well be noted that a 16-month course was no short course insofar as hours were concerned. Sixteen hours a day, seven days the week, for 16 months add up to more than the 5,760 hours in our present 3-year courses.

3. Thoms, Adah B. *Pathfinders*. New York: Kay Printing House, 1929, pp. 9-11.

*Reprinted from the *American Journal of Nursing*, 54:4 (April 1954), pp. 429-431.

Council of Primary Health Care Nurse Practitioners

Newsletter

American Nurses' Association

Vol. 6, No. 3/November 1983

Survey Indicates That Majority Favor Strengthening ANA Council

Bonnie Bullough, Ph.D., R.N., F.A.A.N.

A summary of findings from a survey of readers done by *Nurse Practitioner* appeared in the June issue of the journal. The survey followed an article "Extinction of the Nurse Practitioner: Threat or Reality?" by Doreen Harper, Ph.D., R.N., C., and Molly Billingsley, Ed.D., R.N., C. Survey respondents indicated that they definitely want a strong national organization for nurse practitioners. The majority of the survey respondents favored strengthening the existing ANA Council of Primary Health Care Nurse Practitioners rather than forming a new organization.

Authors Harper and Billingsley are therefore proposing that the council be strengthened and that in addition to its current services provide the following:

- An analysis of standards of practice for nurse practitioners.
- Continuing education and accompanying journal for nurse practitioners.
- Political representation on a state and national level including legislative lobbying efforts and computerized systems for monitoring legislation.
- Support mechanisms for networking both

nationally and locally, including personnel to coordinate these efforts.

- Emphasis on a sophisticated marketing strategy to develop consumer awareness of the role of the nurse practitioner.

Harper and Billingsley indicate in the most recent issue of *Nurse Practitioner* that a proposal is being developed to be forwarded to ANA to strengthen the council as described above. In a letter to the editor, Janet Stallmeyer, M.S.N., R.N., chairperson of the council, and Jean Steel, M.S., R.N., C., chairperson of the Cabinet on Nursing Practice, applauded this approach to planning for a strong cohesive national organization. The Council of Primary Health Care Nurse Practitioners looks forward to receiving the proposal referred to and believes that mutual collaboration can only enhance the practice environment for nurse practitioners.

1. Readers Support National Nurse Practitioner Organization. *Nurse Practitioner* 8:6 (June 1983), 39.
2. Harper, Doreen and Molly Billingsley. Extinction of the Nurse Practitioner: Threat or Reality? *Nurse Practitioner* 7:9 (October 1982), 22-30.
3. Harper, Doreen and Molly Billingsley. Organizing for Power. *Nurse Practitioner* 8:7 (July/August 1983), 24-30.

Report of Legislative Action

FTC Reauthorization

Geraldine Williamson, M.N., R.N., C.

Regulation of professionals by the Federal Trade Commission is once again a legislative issue. The FTC reauthorization bill (H.R. 2970) has been approved by the House Energy and Commerce Committee, authorizing FTC jurisdiction over business and commercial practices of professionals. A weaker version has been passed by the Senate Commerce Committee. Please contact all House members and urge them to pass H.R. 2970.

Community Nursing Centers

Bonnie Bullough, Ph.D., R.N., F.A.A.N.

The community nursing center services bill (S. 410) was introduced in February 1983 by Senators Inouye and Packwood. It was referred to the Senate Committee on Finance and consultation about its cost was sought from the Congressional Budget Office. At first the budget office had lumped it with

other home health bills and estimated that it would cost \$2 to \$3 billion. This high figure was based on the premise that it would bring services to people who are not now receiving them. The sponsors made a few technical changes in the bill to lessen the cost, but no further action on the bill occurred.

The bill would establish free-standing community nursing centers that would provide health supervision for infants and children; part-time or intermittent home nursing; physical, occupational, and speech therapy; social services; services by home health aides; medical supplies; and related supportive services.

S. 410 will probably not move forward without some strong lobbying. It would be a good idea for you to visit the offices of your senator and representative and do some personal lobbying for it. Urge your senator to support hearings and passage of the bill. Since the bill has not yet been introduced in the House, urge your representative to sponsor it. If

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From the Network

Geraldine Williamson, M.N., R.N., Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, Georgia

The most rewarding part of attending national conferences is the opportunity to meet and dialogue with other nurse practitioners from around the country. The nurse practitioner symposium in Keystone, Colorado, in June provided just that for me. Diana Taylor, M.S.N., R.N., C., and I presented a session for the council, and during that time I met and talked with many of you about your interests and concerns. I was able to provide names of other nurse practitioners in their states to several of the participants, and I learned of the existence of one state special interest group—New Mexico—that had not been included on the network list. I was also able to put one state group in touch with resources to aid them in developing peer review mechanisms.

The effort to distinguish nursing practice from other health providers' practice has led to increasing attempts to define and delineate nursing diagnoses. Although many nurses, particularly in primary care settings, are ambivalent about the use of nursing diagnoses, and others are flatly opposed to their use, attempts are being made by some to test their use in primary care settings. One such study was reported at the Keystone conference by Judith Longworth of Detroit. She and a group of other nurse practitioners designed an encounter form to collect information about nursing and medical diagnoses generated in a residence hall health clinic of a primary care student health center. Her study will be reported further in a future issue of the *American Journal of Nursing*. At the conference she announced that she is interested in hearing from other nurse practitioners who are using nursing diagnoses. There is potential for having large groups of nurse practitioners use the encounter form developed for the study to collect, computerize and analyze data about the practice of large groups

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Legal Regulation of NP Practice: Opposing Views

The two editorials that follow were written by members of the CPHCNP Executive Committee and present two different views on the legal regulation of nurse practitioner practice. The views are based on actual experiences in their respective states. The American Nurses' Association has long supported the principle that the professional asso-

ciation should establish the qualifications for specialty practice and certify nurses for such practice. The principle states that a nursing practice act should provide for the legal regulation of nursing without reference to a specialized area of practice. However, in the 1970s and early 1980s many states passed legislation or developed rules to regulate specialized practice, partly in response to pressure

from nurse practitioner groups within the states who wanted their practice legitimized. In some of these states, enough time has lapsed to take a look at the effects of this type of legislation. We hope that council members will continue to study this important issue and others that face primary health care nurse practitioners as well as other specialists.

The New York Experience

Bonnie Bullough, Ph.D., R.N., F.A.A.N.

Last year this author wrote an editorial discussing the problems that nurse practitioners in New York State were having with licensure. This is an update. The editorial format is used because this is a controversial issue. It is also a crucial issue for the survival of nurse practitioners.

Nurse practitioners in New York started having problems in 1974 when the counsel to the state education department ruled that the 1972 nursing practice act did not cover nurse practitioners. Implementation of this opinion at the practice level was slow, but recently the state department of health services started auditing hospitals and denying Medicaid payments if a nurse practitioner had done the admission history and physical or provided other services on a day that the physician made no entry. The department explains that since

nurse practitioners are not a legal entity in the state they cannot provide physicians' services. Physicians' assistants on the other hand have legal status, so their services can be reimbursed.

A bill to give nurse practitioners legal coverage was drafted in 1982 by concerned legislators, including the chairmen of three major legislative committees. It was supported by the Coalition of Organized Nurse Practitioner Associations (COONPA) but opposed by the New York State Nurses Association (NYSNA), ANA, and the state medical society. The bill was defeated.

Following this defeat, a series of negotiating meetings were held involving COONPA, NYSNA, the legislative sponsors, and representatives of the board of nursing. During the early months of the 1983 legislative session, it appeared that it might be possible to draft legislation that would be accepta-

ble to all. However, toward the end of the session, it became apparent that this would not be possible. A bill that seemed workable to the legislative sponsors and COONPA was not supported by the board of nursing and it was actively opposed by NYSNA. The bill did not move out of committee in either house.

The one apparently irreconcilable difference between the groups is the issue of title. The legislative sponsors argued that it would be irresponsible to write a law that would allow every registered nurse to diagnose, treat and prescribe. They had held hearings and studied the nursing educational system in the state; they were convinced that not every nurse is prepared for these responsibilities. They insisted that the law specify which registered nurses be allowed to carry out these functions. This specification could be with the title "nurse practitioner" appropriately defined, or it could be done with a clause limiting the privilege to those persons

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The South Carolina Experience

Lucy Hartley, M.S.N., R.N., C.

South Carolina is a state with the type of nursing practice act (1975) Dr. Bonnie Bullough recommends. We have provision in the law authorizing additional acts to be performed by certain nurses, rules and regulations requiring joint (medical and nursing) recognition, and statements of determinants defining "nurse practitioners" and listing their practice functions. Upon first glance, it seems that South Carolina is a progressive state. Closer scrutiny reveals that the nurse who meets the nurse practitioner criteria is more restrained than the nurse without advanced preparation. This may come as a startling piece of information to some, but let me explain by sharing some specifics. The family nurse practitioner as defined must have a physician-approved protocol to "elicit and record health histories for individuals and families in a systematic and succinct form, and critically evaluate the findings." Moreover, the law and statements of determinants may be interpreted to prevent all nurses from taking histories without a physician-approved protocol.

Just before he retired this year, South Carolina's attorney general issued the following opinion: "In my opinion, the medical practice laws and the nurs-

ing board's rules and regulations unequivocally prohibit nurses and other unlicensed personnel from prescribing medications or performing any other acts which constitute the practice of medicine, whether or not performed under a written protocol." Our "additional acts" were suddenly in question! Being faced with such an interpretation of our regulations and because all of nursing was potentially affected by such a far-reaching decision, nurses of different educational backgrounds and work settings joined in a massive letter-writing campaign, expressing outrage at such a short-sighted opinion. The president of the state board of nursing and the president of the state board of medical examiners were appointed by the attorney general to negotiate an agreement on how the issue of protocols should be handled in the state. In the first report from these two individuals was the recommendation that hospital (JCAH) and Department of Health and Environmental Control nurses would be exempt from additional regulation. Later, all nurses in governmental agencies were to be exempt. This left mostly nurses in private practices still not exempt from the ruling! The South Carolina Nurses' Association took action to have the

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Direct editorial comment and inquiries to Editor, Newsletter, Council of Primary Health Care Nurse Practitioners, American Nurses' Association, 2420 Pershing Road, Kansas City, Missouri 64108 (816/474-5720). ANA is an equal opportunity employer.

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Janet Stallmeyer, M.S.N., R.N., Missouri, chairperson; Geraldine C. Williamson, M.N., R.N., C., Georgia, vice chairperson; Diana Taylor, M.S.N., R.N., Oregon, secretary; Bonnie Bullough, Ph.D., R.N., C., first member-at-large, New York; Lucy M. Hartley, M.N., R.N., C., South Carolina, second member-at-large

Editor: Bonnie Bullough

Prescriptive Authority for Oregon Nurse Practitioners

Diana Taylor, M.S.N., R.N., C., Oregon Health Sciences University, School of Nursing, Portland, Oregon

"HB 2806 (later to become ORS 678.375-390) granted Oregon nurse practitioners prescription privileges as well as direct reimbursement for services by third-party payers. This bill passed the 1979 legislature with a house vote of 56 to 3, and a Senate vote of 26 to 0. The governor signed the bill into law on July 25, 1979. The new law required the formation of an advisory council of the state board of medical examiners, to formulate administrative rules and regulations for prescription-writing privileges for nurse practitioners and to develop a drug formulary." This dry but succinct paragraph appeared in local publication describing the results but not the human efforts of many months of negotiation, compromise, and political activism by nurses and nurse practitioners in Oregon. Where the story started and how the above paragraph came to be published may help nurse practitioners in other states who may be considering similar statutory changes in their scopes of practice.

History

The story began in a very small rural health clinic in central Oregon where a nurse practitioner provided primary care. In 1976, the Oregon State Board of Pharmacy investigated this clinic and found the nurse practitioner in violation of the state pharmacy statute. The nurse practitioner, like all other nurse practitioners in the state, was "prescribing" medications according to protocols defined by the nurse practitioner and a nearby physician who also signed prescriptions to be used when the physician was not present. The board of pharmacy advised the pharmacist who was filling the prescriptions from the nurse practitioner that he was to discontinue the practice even though the nurse practitioner was not advising drugs which were not part of a pre-approved protocol. Not only did this decision put the rural clinic in an untenable position but also

raised an issue of practice authority for all nurse practitioners in Oregon.

There seemed to be no immediate solution for the nurse practitioner and his rural clinic, as there was no physician available to be on-site to prescribe medications. Of course, the unavailability of a physician was one of the reasons the nurse practitioner was practicing in this rural clinic! This clinic, as well as similar rural clinics, was in jeopardy of closing when a local judge and legislator came to its aid. A temporary solution was found when the Oregon State Legislature in 1977 enacted a law allowing certified nurse practitioners to prescribe medications in counties having a population of less than 5,000 where the nurse practitioner is more than 30 miles from a physician and is operating under an agreement with a licensed physician.

This new statute contained a sunset clause of two years and was never intended to be the answer to prescriptive authority for nurse practitioners. State officials and legislators advised nurse practitioners that a more comprehensive solution to this problem was necessary and should be resolved in the next legislative session. Anticipating powerful opposition in the form of the medical and hospital lobbies, the nurse practitioners did not expect a liberalized version of the newly enacted legislation. However, an incident occurred in the same small town where the crisis originated and enraged not only nurse practitioners but the media and the public.

The physician who provided consultation to the nurse practitioner in the rural clinic expressed fear of increased liability under the new statute. In fact, this physician believed his liability to be so great that he charged a fee of \$15,000 for the responsibility of medical protocols in relation to medication prescription. This fee was fatally burdensome to the struggling primary care clinic and it was forced to close. Although the closure of the clinic presented a hardship to the local consumers, it also provided the justification for changing Oregon statutes to include advanced nursing practice.

Word of this clinic's demise spread throughout the state, prompting the formation of a strong network of nurses, nurse practitioners and consumers to study this problem. The Nurse Practitioner Special Interest Group of the Oregon Nurses' Association formed as a political activist group. This group held regional meetings with pharmacists, nurses, physicians and nurse practitioners to determine the extent of the problem and define an appropriate plan of action. Their efforts resulted in the development of proposed legislation to be submitted to the 1979 legislative session.

Rationale for Change

The rationale for changing existing Oregon law and for extending nursing practice into the area of prescriptive medications included the following:

- Although the Oregon nursing practice act had been revised in 1973 to define "nurse practitioner" as a nursing specialty, the authority to prescribe

drugs was not clearly defined, according to state pharmacy officials. The Oregon Board of Pharmacy and the Oregon Pharmacy Association supported the necessity for legislative change as the most appropriate method for effecting change in pharmacy regulations.

- Because nurse practitioners had been defined and made accountable for their advanced practice, it became necessary to also clearly specify which professional regulatory body should regulate the prescriptive authority of nurse practitioners.

- Finally, the critical issue was how a proposed law change might affect the health care available to the citizens of Oregon. If nurse practitioners were to be required to continue referring patients to physicians for prescriptions (or pay inflated consultation fees), costs would increase and care would become more fragmented.

These central issues related to control of nurse practitioner practice and consumer access to health care. What had become problematic to nurse practitioners in Oregon was their practice was (and is currently) regulated by the Oregon State Board of Nursing,* but in reality the nurse practitioners' day-to-day practice was encumbered by other professions and their laws.

As stated earlier, H.B. 2806 passed both houses of the Oregon legislature in July 1979 and was signed into law by the governor. The nurse practitioners of Oregon had won a very important victory—they surprised the opposition forces, and themselves! But now the real work was to begin: implementation of the law.

The New Law

As with any legislative process, the legislation appears very different at the end of the process once changes and compromises are made. The intent of the law enacted in July of 1979 is summarized as follows:

- Nurse practitioners are allowed to prescribe drugs within their scope of practice as defined by rules of the Advisory Council. The Advisory Council is administered by the Oregon State Board of Medical Examiners (OBME) and consists of nine members: three pharmacists (one urban, one rural and one representing the state board of pharmacy).

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*In 1973, the Oregon nursing practice act was revised to define "nurse practitioner" as a "registered nurse who has been certified by the Board of Nursing as qualified to practice in an expanded specialty role within the practice of nursing." Nurse practitioner certification in Oregon requires holding a minimum of a BSN, meeting specific educational and practicum requirements from an accredited nurse practitioner program, providing 30 hours of continuing education every two years, and meeting peer review guidelines every two years. Between 1973 and 1979, nurse practitioners had worked diligently to define their practice as well as to present a credible and responsible identity to consumers of health care. This reputation and diligence set the stage for a statutory change which would allow nurse practitioners even more autonomy.

New York

with advanced these functions.

The NYSNA principles four Nursing Practice. These principles should provide without reference. Supporters of with advanced scope of function registered nurse professional association expanded scope. Since the association power to grant scope of function state legislature function that nurses to diagnose that the professional power to differ expanded scope. The New this. This means tioners are tra. They are being paid payments opposed by NY

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New York/ from page 2

with advanced education which prepared them for these functions.

The NYSNA position, on the other hand, reflects principles found in ANA's model practice act, *The Nursing Practice Act: Suggested State Legislation*.¹ These principles hold that nursing practice acts should provide for the legal regulation of nursing without reference to specialized areas of practice. Supporters of this position do not object to nurses with advanced preparation having an expanded scope of function that differs from that of the basic registered nurse; they simply argue that the professional association has the right to define an expanded scope of practice and qualifications. Since the association does not now have the legal power to grant nurses the right to an expanded scope of function, the plan will work only if the state legislature were willing to write a scope of function that is sufficiently broad to allow all nurses to diagnose, treat, and prescribe, but indicate that the professional association will have the power to differentiate between those nurses with an expanded scope of practice and those with a limited scope. The New York legislature is unwilling to do this. This means that New York State nurse practitioners are trapped in an uncomfortable position. They are being squeezed out of jobs because Medicaid payments are being denied. A nursing bill proposed by NYSNA cannot pass, but a bill that

NYSNA would support is not favored by most legislators.

The ANA model for dealing with the specialties is the model used in medicine. Physicians are in fact licensed to do everything; the only controls on their scope of function come from the certifying boards and the fear of malpractice litigation. However, medicine achieved its global state practice acts in the latter part of the nineteenth and the early part of the twentieth century. Nursing licensure developed later and the scope of function statements were not written until the era I have called the second phase in nursing licensure (1938 to 1971).^{2,3,4} The language of those first definitions was modest, and after 1935 the laws even included disclaimers against nurses doing any diagnosis or treatments. Although nurses are now becoming more assertive, the assertiveness comes at a time when consumers are questioning why so much power was given to medicine and they do not seem inclined to give the same power to nursing. While some states are using professional association certification (American Nurses' Association, National Association of Pediatric Nurse Associates and Practitioners, Nurses Association of the American College of Obstetricians and Gynecologists, American Association of Nurse Anesthetists, American College of Nurse-Midwives) as a criterion for state certification, none has given any association the sort of power that was given to the American Medical Association in an earlier era.

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South Carolina/ from page 2

right to final approval of results of the "negotiations" based on an "equal protection under the law" concept for all nurses. Subsequently, representatives of both boards are still working on a resolution to the problem.

It is clear to nurse practitioners in South Carolina that describing and defining functions for advanced practitioners in the nursing practice act and administrative rules has served to restrict and limit their practices. South Carolina nurses have suffered from such constraints, and consumers have in turn been denied needed primary health care services.

As the current president of the South Carolina Nurses' Association and a member of the CPHC/NP Executive Committee, I have studied ANA's underlying principles for the legal regulation of nursing practice and support Principle 6 which states that it is the responsibility of the professional association to establish the scope and qualifications necessary for specialty practice. The purpose of the nursing practice act is to protect the health and safety of the public by regulating generic entry-level practice. Specialty practice should not be addressed in the practice act or in rules.

A broad definition of nursing practice will allow for the evolution of specialty practice, will allow for the expansion of nursing's boundaries and will permit questions of "turf" to be settled by professional associations, not through legislation.

Conference Calendar

February 29-March 3, 1984

Title: Update 80: Technology, Practice, Professionalism, NAPNAP
Fifth Annual Nursing Conference on Pediatric Primary Care
Sponsor: National Association of Pediatric Nurse Associates and Practitioners
Where: Franklin Plaza Hotel, Philadelphia
Contact: National Association of Pediatric Nurse Associates and Practitioners
North Woodbury Road
Pittman, New Jersey 08071

March 1-3, 1984

Title: Advanced Registered Nurse Practitioners—In Tune With America's Health Care Needs
Sponsor: Advanced Registered Nurse Practitioner Section, Florida Nurses Association
Where: Hyatt Regency Hotel
Orlando, Florida

Fees: \$75 SNA ANA members, \$125 non-members,
\$40 full-time students (for advance registration)

Contact: Paula Mason, M.N., R.N.,
Associate Executive Director
Florida Nurses Association
P.O. Box 9285
Orlando, Florida 32833
(813) 946-2261

March 18-21, 1984

Title: Seventh Annual National Rural Primary Care Conference
Sponsor: National Rural Primary Care Association
Where: Albuquerque, New Mexico
Contact: Judy Harris, R.N.,
Conference Coordinator
New Mexico Health Resources, Inc.
P.O. Box 4733
Albuquerque, New Mexico 87196
505-252-1828

April 15-16, 1984

Title: Seventh Northeast Regional Nurse Practitioner Conference
Sponsor: Nurse Practitioner Associates for Continuing Education
Where: Danbury Hilton
Danbury, Connecticut
Contact: Anne A. Ripley
Nurse Practitioner Associates for Continuing Education
80 Old Concord Road
Belmont, Massachusetts 02174
617-444-0520

June 22-28, 1984

Title: 54th Convention, American Nurses' Association
Sponsor: American Nurses Association
Where: New Orleans, Louisiana
Contact: Marketing Department
American Nurses' Association
2400 Pershing Road
Kansas City, Missouri 64114
Call toll free: 800/921-5254

Prescriptive Authority for Oregon Nurse Practitioners

Continued from page 3

three physicians (two appointed by the state medical association—again one rural and one urban—and one representing the state board of medical examiners), and three nurses (one nurse practitioner from the rural area, one nurse practitioner from the urban area—appointed by the Oregon Nurses' Association—and one RN representing the state board of nursing).

- The Advisory Council was mandated to develop administrative rules to govern the nurse practitioner's prescriptive authority which would include a formulary of certain drugs which a nurse practitioner may prescribe. The Advisory Council reports to the OBME the criteria necessary for prescriptive authority but the OBME cannot veto a nurse practitioner application for prescriptive authority if the nurse practitioner met the Advisory Council criteria. The Advisory Council was mandated to present the formulary and administrative rules before a public hearing on or before January 1, 1980, as well as to report their progress to the next legislative session.

- Nurse practitioners are allowed to prescribe drugs in categories 3, 3N, 4, and 5. Narcotics and dangerous drugs are not to be included in this prescriptive authority.

- Fees were established in order to subsidize the nurse practitioner prescriptive authority program. The OBME set an initial application fee of \$60, and a recertification fee of \$30.

Prescribing Privileges

Bonnie Bullough, Ph.D., R.N., F.A.A.N.

The prescription of drugs and devices is an activity which nurses moved into with the development of the advanced specialties. A variety of informal mechanisms have been used to legitimize this activity, including protocols, physician co-signers, standing orders, and telephone prescribing. The codification of prescribing privileges in state laws and regulations has developed in the last decade. In articles published in *Nursing Economics* and *Pediatric Nursing* this author has examined these statutes.^{1,2} To summarize, prescribing or dispensing of drugs is mentioned in 16 nurse practice acts, but the privilege varies widely from the right to dispense drugs in an emergency to full prescribing privileges. Most states limit the privilege to nurse practitioners, nurse midwives and/or nurse anesthetists. Some states further limit it to only those specialists with documented and advanced pharmacology preparation. One of the better laws from the point of view of nurse practitioners is the Oregon one. Its passage and implementation are discussed in this issue by Diana Taylor, M.S.N., R.N., C.

1. Bullough, Bonnie. Prescribing Privileges for Nurses. *Nursing Economics* (September 1983).

2. Bullough, Bonnie. Legislative Update: Prescription Privileges in Nurse Practice Laws and Regulations. *Pediatric Nursing* (November-December 1983) in press.

- The OBME is only responsible for revoking or suspending a prescriptive authority certification if a nurse practitioner is found to be abusing the privilege.

- Nurse practitioners in specific rural areas are allowed limited dispensing privileges.

Although a surprise to all, the Advisory Council was able to complete its mandate and hold a public hearing on the proposed rules and regulations in early January 1980. By forming a coalition with the pharmacists, a nurse practitioner had been elected chairperson of the Advisory Council. This coalition also had allowed the nurse practitioner to control the majority of important decisions within the Advisory Council.

Administrative Rules

Administrative rules which further defined the new statute include specific criteria for prescriptive authority certification:

A. Nurse practitioners applying for initial prescription writing privileges must meet the following criteria:

1. Current certification from the Oregon State Board of Nursing.

2. Proof of one year's practice as a nurse practitioner prior to application for prescription writing privileges.

3. Documentation of 30 hours of pharmacology, directly related to his or her advanced practice (scope of practice defined by the board of nursing). The pharmacology course must not be a basic course or part of the applicant's nurse practitioner program, and must be taken within one year prior to application.

After being granted prescription writing certification, the nurse practitioner must apply to the Drug Enforcement Administration (DEA) to obtain a DEA number which enables the nurse practitioner to prescribe the scheduled drugs in categories 3, 3N, 4, and 5.

B. Continuation of prescriptive authority includes a recertification process every two years. Nurse practitioners must meet the following criteria to apply for recertification:

1. Complete the nurse practitioner recertification process through the board of nursing which includes mandatory continuing education (100 hours) and peer review. The board of nursing supplies the board of medical examiners with the list of recertified nurse practitioners.

2. Provide proof of an additional 30 hours of continuing education to the Advisory Council. The board of nursing monitors these additional hours of continuing education and notifies the Advisory Council.

Current History

Currently, 250 nurse practitioners have been certified to prescribe medications, and a recertification process has occurred this year without mishap. The formulary was revised for the first time in 1982, and

the medical association attempted to limit the nurse practitioners' prescriptive practice through this route. A few drugs were removed from the formulary because of the physicians' influence, but most of them were reinstituted the following year through organized lobbying by the nurse practitioners.

In the three years since enactment of ORS 678.375-390 and its administrative rules, there have been a few problems but none have limited the prescriptive practice of nurse practitioners. No certificates have been suspended or revoked. Areas of concern include the following:

- Attempts have been made by the medical association to impede the work of the Advisory Council by repeated removal and appointments of physician members.

- Persistent attempts have been made by the physician members to define nurse practitioner scope of practice through amendments to administrative rules. The physicians must be constantly reminded that role definition is in the domain of nursing and not of medicine.

- Restriction of prescriptive authority has been attempted through the restriction of drugs within the formulary.

Although this article has implicated the medical profession as the primary opposition to prescriptive authority and advanced practice by nurse practitioners, there have been some advantages to this joint venture. Nurse practitioners and physicians were required to work together and even though each group represented their own special interest, they learned about each other's practice and philosophies. But most importantly, mutual respect was developed and a common working relationship began to exist where only animosity and mistrust had originally existed.

Certainly, other advantages to this legislation were realized, such as the following:

- The legislation allowed nurse practitioners to take responsibility for their actions and their practice, making it unnecessary to continue the "pseudo-protection" of the physician consultant. Nurses began a true collegial relationship with physicians.

- Experience with prescriptive authority for nurse practitioners allowed the profession to establish a standard of pharmacologic practice by nurse practitioners.

- And most importantly, consumers obtained less fragmented services from nurse practitioners and their access to primary care was improved.

1. Oregon Health Sciences University School of Nursing Alumni Association. *Continuum*. Portland, Ore.: the Association, Fall 1979.

*Wishing You a Happy,
Healthy Holiday Season!*

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Selected
Newsletter

6

Network/ from page 1

of nurse practitioners. If you are interested in

Alaska
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Idaho
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further information, or you are using and/or study-
ing nursing diagnoses, please let me know.
The following are corrections and updates to the

listing of "Chairpersons of Conference Groups,
Special Interest Groups" that appeared in the May
1983 issue of Newsletter:

Legislative/ from page 1

your representative asks for details, refer her or him
to Senator Inouye's office or to Richard Miller of the
ANA Washington office.

If you want to get a free copy of S. 410 or any other
Senate bill, send a self-addressed label to Senate
Documents Room, U.S. Capitol, Washington,
D.C. 20510.

New York/ from page 4

In response to this need for legislation to cover
the specialties, 37 states have moved ahead to certify
nurse practitioners and allow them a special scope
of function which is broader than that of the basic
registered nurse. Most of these states have also made
provisions for nurse anesthetists and nurse mid-
wives. A few have certified clinical specialists.⁵ Pres-
cription privileges have been granted to nurse
practitioners in 14 states.^{6,7} Some of these states
achieved their legislation before the ANA principle
was well known; others ignored the principle. Thus
it would be possible to argue that states should
ignore the ANA principle. However, it seems more
reasonable to request ANA and the state nurses'
associations to re-examine the principle and change
it. Such change is needed if the nurse practitioner
movement is to survive in states like New York.

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2. Bullough, Bonnie. *The Law and the Expanding Nursing Role*. 2nd ed. New York: Appleton-Century-Crofts, 1980.
3. Bullough, Bonnie. The Relationship of Nurse Practice Acts to the Professionalization of Nursing. In *The Nursing Profession: A Time to Speak*. Edited by N. Chaska. Hightstown, N.J.: McGraw-Hill, 1982, 609-29.
4. Bullough, Bonnie. Nursing Practice Law. In *Nursing Issues and Nursing Strategies for the Eighties*. Edited by B. Bullough, V. Bullough, and M. C. Soukup. New York: Springer, 1983, 279-291.
5. Bullough, Bonnie. State Certification of the Nursing Specialties. *Pediatric Nursing*, March/April 1982, 121-124.
6. Bullough, Bonnie. Legislative Update Column. *Pediatric Nursing*, November/December 1983, in press.
7. Bullough, Bonnie. Prescription Privileges for Nurses. *Nursing Economics*, in press.

This editorial represents the point of view of the
author and does not reflect ANA's position.

Council Holds Rap Session in Annapolis

Lucy M. Hartley, M.N., R.N., C.

The council held a rap session June 30 at the
Fourth Annual Nurse Practitioners Symposium,
Annapolis. The group gathered during the only
designated "free" time of the three-day symposium
and discussed many issues facing nurse practition-
ers throughout the nation. Lucy Hartley, second
member at large of the council Executive Commit-
tee, convened the group and reported council and
ANA activities supporting NPs. She updated partic-
ipants on the reimbursement project, national
lobbying initiatives (community nursing centers),
liability coverage for NPs, and the New Knowledge
for Nursing Practice Conference in Denver. She also
discussed the Commission on Nursing report and
the Institute of Medicine report on nursing and
nursing education. Jean Steel, M.S., R.N., C., chair-
person of the ANA Cabinet on Nursing Practice,
supplemented the report from the cabinet's
perspective.

Doreen Harper, Ph.D., R.N., C., shared her find-
ings and impressions concerning the need for a
national nurse practitioner organization.^{1,2} She
explained that ANA is the preferred organization
among many nurse practitioners but that the coun-

cil needed strengthening to meet the needs of a
majority. Dr. Harper announced that she would
forward a list of recommendations for the council
Executive Committee's consideration.

Elaine Doyle, M.Ed., R.N., C., gave an inside
account of the litigation involving family planning
nurse practitioners in Missouri.³ Since Ms. Doyle
was active early in the struggles to protect nurse
practitioners' practice rights, she was able to answer
questions posed by the group. She also reviewed the
call for contributions to the legal assistance fund.

Thanks to Wethia McGurns who arranged time
and space for the meeting. The next council rap
session will be included in the early planning of the
1984 symposium, so we anticipate a large group
next year. The Fifth Annual Nurse Practitioners
Symposium will be in Baltimore.

1. Harper, Doreen and Molly Billingsley. Extinction of the
Nurse Practitioner: Threat or Reality? *Nurse Practitioner* 7:9 (October 1982), 22-30.
2. Harper, Doreen and Molly Billingsley. Organizing for
Power. *Nurse Practitioner* 8:7 (July/August 1983),
24-30.
3. Doyle, Elaine and Jeanne Meurer. Practicing Medicine
Without a License. *Nurse Practitioner* 8:6 (June 1983),
41-44.

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Why see it...

Bylaws Change, Elections Worry Minority Nurses

AGENDA ITEM XII-D

By Susana Juarez, Beverly
Malone and Bobbie Perdue
Nursing leadership was tangible
and visible in the numbers and
quality of the professionals in at-
tendance at the 1982 ANA conven-
tion. Networking, collaboration
and other positive forms of sharing
occurred in conference rooms, over
lunches, in formal and informal
settings. In contrast to the Wash-
ington political atmosphere, minor-
ity involvement and representation
in ANA was refreshingly evident.

Two outcomes of the convention
that have a direct effect on contin-
ued minority involvement are (1)
the adoption of the federation
model and (2) the election of only a
small number of minorities to of-
fice despite the comprehensive in-
clusion of minorities as candidates
for office. Let us begin our discus-
sion with the federation model, a
major structural and possibly philo-
sophical change for our organiza-
tion.

As with all change, there are risks
involved. And we, as minority
nurses, are obligated to share with
our fellow nurses some major high
risk issues that confront us as we
embrace the federation model.

Although the federation model
has not been completely, opera-
tionally outlined, it is clear that the
organizational membership process
will be different. The individual
member joins the SNA (state
nurses association), the SNA joins
the federation. This simple change
moves the primary power to prior-
itize and allocate resources from
the national to the state level. Sup-
porters of this change said that state
associations will be more respon-
sive to the unique needs of their
constituents. This move is alarming

Authors of this As
I See It article are
(left to right) Su-
sana Juarez, Bev-
erly Malone and
Bobbie Perdue.



to minorities because of the history
of oppressive interaction between
state controlled organizations and
minorities. It is left to the discretion
of the state organization to decide if
its minorities are worthwhile con-
stituents whose concerns should be
addressed.

As with all social systems, state
associations are microcosms of the
larger sociopolitical climates of
their respective states. With regard
to the inclusion of minorities in
policy making decisions, SNAs
have had limited success. For ex-
ample, there were few minority
delegates despite the large number
of minority nurses registered at the
1982 convention. SNAs have tend-
ed to be strongholds of majority
nurse power. The leadership for
minority concerns has consistently
come from the national level. Most
minority nurses who have pursued
or held national offices have had
little support from their state as-
sociations.

In contrast, there are some SNAs
who traditionally have been re-

sponsive to issues of minority rep-
resentation. The state of Wisconsin
is one such example. Wisconsin,
demonstrating a commitment to all
Americans in the decision making
process, nominated Julian Bond as a
candidate for the presidency in
1968. This same state that gave the
nation the ideas of populist and
participatory democracy elected
Barbara Nichols to leadership posi-
tions long before she became a
national figure. It is our contention
that the Wisconsin SNA behaved in
a manner congruent with the so-
ciopolitical climate of the state.

In general, minority nurses per-
ceive state control as a roadblock to
our full participation in our profes-
sional association. We know ANA
is concerned about the issues of full
representation. We recognize and
applaud efforts of the House of
Delegates to include staff nurses in
decision-making positions. Howev-
er, we do note that minority con-
cerns were not heard or not ad-
dressed.

This same 1982 House of Dele-

gates that adopted the federation
model also elected ANA officers.
Despite the fact (or because of the
fact) that an unprecedented
number of minorities appeared on
the ballot, a record low number of
them were elected to office. In view
of the 1982 election results, the
Cabinet on Human Rights can be
described as the relegated holding
place for minorities to give our
organization an appearance of full
minority participation. For only on
the Cabinet on Nursing Research
and the Cabinet on Nursing Ser-
vices is there any other minority
representation in our major organi-
zational decision-making offices.

The combined effect of electing
majority nurses to represent the
interests of minorities and the
adoption of the federation model
sounds the alarm for impending
setbacks in the treasured and cul-
tivated racial-ethnic-cultural sensi-
tivity of our professional associa-
tion.

Continued on page 23

Letters

Continued from page 4

(June issue), views discrimi-
nation against male nurses as
an "insignificant problem."
She should understand, as
well all should, that if one
nurse (male or female) is dis-
criminated against, then we
all are. Why? Because we are
members of a profession in
which it is our responsibility
to educate ourselves in all
areas of patient care. What is
of utmost importance is not
the sex of the nurse (or the
patient), but the quality and
consistency of care rendered
by the nurse.

Richard Monticello
Haworth, N.J.
(Monticello is a student
nurse.)

Research Fund Cut May Bring Benefit

I am concerned with nurs-
ing research being paid for by
the government. What govern-
ment pays for, it controls.
Physicians have become more
and more controlled because
their strides of seven-league
boot proportions have been
underwritten by government.

Reagonomics may have
done nursing a favor if it
forces us to rely on ourselves
and private business for ad-
vancement in nursing re-
search.

Because everyone in this
age-old profession has been
underpaid until very recently,
we all find it hard to break

the habit of letting the gov-
ernment pay.
Margaret Heider, RN
Greektown, Kan.

Employers May Be Waking Up

Involving nurses in decision
making about matters af-
fecting nursing practice at
their places of employment is,
and has been since the early
1950s, a primary goal of
ANA's economic and general
welfare programs. According to
the "success stories" reported
by representatives of the 32
hospitals invited to partici-
pate in the March meeting of
the ANA-sponsored National
Commission on Nursing
(May issue), that goal may be

becoming a reality. Several of
the initiatives being imple-
mented or listed as areas of
concern needing attention by
hospital management to as-
sure the presence of a quali-
fied nursing staff are similar
to requests nurses have made
at bargaining tables through-
out this country for years.
Ironically, isn't it? Now that the
recommendations are coming
from management, through a
management sponsored
forum, change may not be so
long in coming.

Fortunately, many nurses
will continue to fight for
changes through self-directed
collective bargaining. Think
of the time, money, and en-
ergy that could be saved, and
how much progress realized,

if hospital management
would recognize the self-
directed efforts of nurses and
share decision making with
them. As long as the federal
government is willing to reim-
burse hospitals for anti-union
activities, as reported on the
front page of the May issue,
management will continue to
block such a positive ap-
proach.

Mary Munger, RN
Malone, Mass.

(Munger is a member of
the ANA Committee on
Bylaws and past chairperson
of the Commission on Eco-
nomic and General Welfare.)

The American Nurses' Association believes in the
right of nurses to organize and bargain collectively.
The ANA does not endorse any particular union or
union structure.

#102
Selected
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Court Rules State-Supported Nurses School Can't Exclude Men

WASHINGTON, D.C.—The U.S. Supreme Court ruled July 1 that the nursing school at the nation's oldest publicly supported all-female college may no longer exclude men.

Justice Sandra Day O'Connor wrote the opinion, saying that the exclusion of men from the school of nursing at the Mississippi University for Women served only to perpetuate stereotypes that some jobs are for women and some for men.

Since it was established in 1884, the college has limited its enrollment to women. The school of nursing was established in 1971 as a two-year program. In 1974, it was expanded to a baccalaureate program. Today, a graduate program also is offered.

In 1976, Joseph Hogan, a male nurse who did not hold a baccalaureate degree in nursing, was denied admission to the MUW School of Nursing solely because of his sex. He reapplied unsuccessfully in 1979 before filing suit in U.S. District Court.

Hogan lost at the district court level, but the U.S. Court of Appeals ruled that MUW violated the Constitution's equal protection provision, amounting to an unjustified act of sex discrimination. MUW then appealed the case to the U.S. Supreme Court.

The opinion also stated that the court would apply a very strict standard in determining the constitutionality of any state policy that

treats people differently because of their gender. In this case, the university had the burden of proving an "exceedingly persuasive justification" for the sex-based discrimination. Such policies will be upheld only when they are substantially related to achieving "important governmental objectives," according to the court ruling.

Most significant was the court's statement that in reviewing such policies it would free itself from considering traditional notions of the proper roles and abilities of males and females.

The university's explanation for excluding men from its school of nursing was that an all-female school was a form of affirmative action for women. O'Connor rejected this, saying that women dominate the field of nursing and don't need help in getting into the profession.

"Rather than compensate for discriminatory barriers faced by women, MUW's policy of excluding males from admission to the school of nursing tends to perpetuate the stereotyped view of nursing as an exclusively women's job," O'Connor wrote. "By assuring that Mississippi allots more openings in its state supported nursing schools to women than it does to men, MUW's admission policy lends credibility to the old view that women, not men, should become nurses, and makes the assumption that nursing is a field for women a self-fulfilling prophecy."

As I See It/ from page 5

We have presented the issues and shared the concerns that confront and will continue to confront minority nurses and our professional organization. We feel strongly that these concerns must be addressed, and these issues must be resolved. For these reasons, we issue the following challenges.

We challenge ANA to remain deeply committed to a humanistic, racially sensitive, philosophical, organizational and operational structure for our national association. This level of commitment will be reflected by minority representation in ANA policy and decision-making positions.

We challenge the state associations to assess the level of minority involvement and, if necessary, begin to develop strategies for increasing minority representation at the state level. This effort should include, but not be limited to, mechanisms for supporting basic and advanced nursing education for minorities. Also, SNAs should devise and facilitate supportive strategies such as mentoring and networking not only for minority nurses but for all nurses in the workplace.

We challenge majority nurses to join us in monitoring this federal

change process, continuing to dialogue and collaborate in our health care mission.

Finally, we challenge ourselves, minority nurses, to work with our national, state and district associations. We must not let our profession backslide into less minority involvement. The reality of a pluralistic professional nursing association must continue to endure for us and our patients.

When Susana Juarez, Beverly Malone, PhD, and Bobbie Perdue attended the ANA convention in Washington, D.C., they were in familiar surroundings. Each had been a participant in the Legislative Internship Program that places nurses in Washington health care agencies and congressional offices as part of ANA's Minority Fellowship program.

Juarez is assistant professor at the University of Texas School of Nursing, Austin. Malone is director of nursing professional staff resources at University Hospital, University of Cincinnati Medical Center. Perdue is assistant professor at Rutgers—The State University, New Brunswick, N.J.

As I See It... offers an opportunity for authors to express opinions on a variety of issues related to nursing. These views do not necessarily reflect American Nurses' Association policies.